HEALTHY RHODE ISLANDERS 2010

A BASELINE REPORT:

Leading Health Indicators by Gender, Household Income, Education Level, Geographic Location, Age Group, and Disability Status

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Rhode Island Department of Health
Center for Health Information and Communication

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INTRODUCTION

Healthy People 2010 is a nationwide health promotion and disease prevention agenda for improving the health of all people in the United States during the first decade of the 21st century. Healthy People 2010 builds on similar initiatives from the last two decades, the most recent being Healthy People 2000, which identified health improvement goals to be reached by the year 2000.

Healthy People 2010 represents ideas and expertise from a diverse group of individuals and organizations concerned about the Nation's health. These groups include:

- Over 350 National organizations;
- Over 250 State public health, mental health, substance abuse, and environmental agencies; and
- Members of the general public from every State, the District of Columbia, and Puerto Rico.

Goals and Objectives of Healthy People 2010

The Healthy People 2010 agenda has two overarching goals:

- Increase quality and years of healthy life; and
- Eliminate health disparities.

These two goals are supported by specific objectives in 28 focus areas. Each objective was developed with a target to be achieved by the year 2010. The Healthy People 2010 team adopted ten Leading Health Indicators (LHIs) as a way to measure progress towards objectives. For each of the following LHIs, specific objectives derived from Healthy People 2010 will be used to track progress and provide a snapshot of the nation's health:

- Physical Activity
- Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunization
- Access to Health Care

The development of strategies and action plans to address one or more of these indicators can profoundly increase the quality of life and the years of healthy life of people nationwide, and can help eliminate health disparities.

Healthy People 2010 in Rhode Island

Rhode Island, like many other states, has adopted the Healthy People 2010 agenda using the ten Leading Health Indicators and corresponding objectives as a roadmap toward a healthier Rhode Island by 2010.

The Rhode Island Department of Health (HEALTH) embarked on the development of its Healthy Rhode Islanders 2010 (HRI 2010) plan by:

1. Conducting a progress review of Healthy Rhode Island 2000 efforts;
2. Adopting the Healthy People 2010 ten Leading Health Indicators and a subset of 27 objectives;
3. Identifying state-level data sources, establishing baselines, and setting targets for each of the 27 objectives;
4. Charting baseline data by race and ethnicity, gender, household income, education level, geographic location, age group, and disability status; and
5. Documenting evidence-based strategies and best practices addressing each Leading Health Indicator and objective.

A note on objectives: As part of the HRI 2010 agenda, HEALTH is tracking the state's progress on 27 objectives associated with the ten Leading Health Indicators. The national agenda is tracking a larger set of objectives. For more information on objectives on the national agenda, visit the Healthy People 2010 website at www.healthypeople.gov.

HEALTH developed a series of public reports addressing each of these topic areas. See Table 1 for a full list of HRI 2010 reports available from HEALTH.

Table 1. HRI 2010 Reports Available from HEALTH*

Report Title	Content
Healthy Rhode Islanders 2000 Progress Review	Review of progress towards state-level objectives for 2000
Healthy Rhode Islanders 2010: Draft Objectives and Targets	State-level data sources, baselines, and targets for each of the 27 objectives
Healthy Rhode Islanders 2010: Leading Health Indicators by Race and Ethnicity	Baseline data for the state by Race and Ethnicity
Healthy Rhode Islanders 2010: A Baseline Report. Leading Health Indicators by Gender, Household Income, Education Level,	Baseline data for the state by Gender, Household Income, Education Level, Geographic

Geographic Location, Age Group, and Disability Status	Location, Age Group, and Disability Status
Evidence-Based Strategies and Best Practices for Leading Health Indicators	National Best Practices addressing each Leading Health Indicator

***All HRI 2010 reports are available at: http://www.health.ri.gov/chic/healthypeople/home.htm.**

HOW TO USE THIS REPORT

This report is intended for public health practitioners, schools, health care providers, legislators, educators, community groups, researchers and other individuals and organizations working to improve the health of Rhode Island residents.

This report provides a snapshot of how Rhode Island residents measure up to HRI 2010's 27 objectives, divided by variables including gender, household income, education level, geographic location, age group, and disability status. It is meant to provide a clearer picture of which groups may be more at risk under each objective; and consequently, areas of greatest opportunity for intervention.

This report is part of a series of reports, described above. Ultimately, HEALTH will develop a single document summarizing baseline data, health disparities, and best practices for intervention. Taken together, the HRI2010 reports are intended to guide programming decisions, fundraising, advocacy, policy-making, and a range of other activities that impact the health of Rhode Island residents. The information made available through HRI 2010 efforts will equip our state to meet HRI 2010 goals.

INTERPRETING THE DATA

The Operational Definitions contain information regarding how each objective is measured for Rhode Island, including: data sources, type of measure, survey questions used, periodicity of data collection, and other data issues related to monitoring the objectives (see Appendix B). Note that the data do not reflect information from institutionalized persons.

The baseline data for each objective are presented in the charts corresponding to that objective. For each objective, the following categories are presented in separate charts: the measurable gender, household income, educational level, geographic location, age group, and disability status. Each chart also presents the available data for the total Rhode Island population. This report identifies the need to collect data on gender, household income, educational level,

geographic location, age group, and disability status for many of the Healthy Rhode Islander 2010 objectives. This report also identifies the need to conduct statistical tests of significance to determine if differences in rates are true differences or due to sampling error and other sources of error.

Objectives for which disparity data are currently not available
Disparity data are not available for all objectives. Objectives that cannot be examined by gender, household income, educational level, geographic location, age group, or disability status are included in a separate section of the report.

The data in this report need to be interpreted with care. Confidence intervals (i.e., margins of error) are not available for the data presented. However, the larger the absolute differences, the more confidence we have that the differences are not due to sampling error, and may in fact be describing a potential disparity. Future data will be presented with confidence intervals to better interpret the differences in rates among select groups, and to make appropriate comparisons.

OVERVIEW OF HEALTH DISPARITIES IN RI

PHYSICAL ACTIVITY

Rhode Island residents aged 18-24 have met the 2010 target for getting regular exercise, as have those with annual household incomes of $75,000 or more. Although most Rhode Islanders still need to increase their level of physical activity to meet the state's overall 2010 objective, particular attention should be paid to increasing exercise among Rhode Islanders over the age of 25, those with disabilities, and those with lower levels of education and income. The data show little difference in amount of physical activity by gender or geographic location.

Although adolescent males have higher rates of exercise than adolescent females and 9th graders are more active than their 12th grade counterparts, overall increases in the numbers of those who participate in regular fitness activities will be necessary to meet the 2010 target for each group of adolescents.

OVERWEIGHT AND OBESITY

More male youth, 6 to 19 years of age, are overweight than female youth. The state's poorest children have higher rates of overweight and obesity than children of families with higher incomes. Despite these differences, reductions in the number of male and female youth in all income groups who are overweight are necessary to achieve the 2010 target.

Rhode Islanders with a college degree or more and residents who are 20 to 24 years in age have met the 2010 target for reducing obesity. Residents with annual household incomes of $50,000-$74,999 are closer to meeting the 2010 target than residents with lower incomes. Rhode Island males have slightly higher rates of obesity than females. Those with disabilities have higher rates of obesity than non-disabled residents. There is little difference in rates of obesity by geographic location. With the exception of the highest educated residents and those between 20 and 24 years of age, further reductions in obesity among the state's residents are necessary to meet the 2010 target. Particular attention with prevention efforts should be paid to those who are disabled, those between the ages of 45 and 64, and those with lower levels of education.

The rate at which residents consume the USDA's recommended daily number of fruits and vegetables increases with their level of education. More Rhode Islanders with annual household incomes of $75,000+ eat the recommended number of portions than those with lower incomes. More females consume the recommended amount of fruits and vegetables than do males. Those living in

non-urban areas have higher levels of fruit and vegetable consumption than those in urban areas. Older residents (65+ years of age) reach the USDA standard more than younger residents. The lowest food and vegetable consumption is among residents with less than a high school education. There is little difference in the rates of fruit and vegetable consumption among those that have disabilities and those that do not. Particular prevention efforts should be directed at increasing consumption among males, those with lower incomes and levels of education, people in urban areas, and residents who are 25-44 years of age because these groups are farthest from meeting the 2010 target. Although some groups are closer to reaching the 2010 target for this objective than others, increases in the consumption of fruits and vegetables should occur for all groups.

TOBACCO USE

Use of tobacco decreases as annual household income increases. More Rhode Islanders with the lowest annual household incomes smoke in comparison to their counterparts with higher incomes. Fewer residents with a college degree or more education smoke than those with a high school degree or less. Smoking also decreases as age increases. The highest rates of smoking are among those aged 18 to 24. Those who are 75 years and older have already met the 2010 target. Smoking is also higher in urban areas of the state. Slightly more males smoke than females. Reductions in smoking among all groups, except the state's oldest residents, will be necessary to meet the 2010 objective. However, prevention efforts should be directed at those with lower incomes, those with less education, between the ages of 18-44, and those who live in urban areas.

Among adolescents, there is no difference in smoking rates among males and females. Nearly half of 12th grade students smoke whereas slightly over a quarter of 11th grade students smoke. Despite the differences by grade, efforts to reduce smoking among all adolescents are necessary.

SUBSTANCE ABUSE

Adolescent males reported higher rates of marijuana use, other illicit drugs, and alcohol than females. More students in grade 12 consume alcohol and use marijuana than their younger counterparts in the 9th grade. Slightly more male adolescents use cocaine than female adolescents, and more 12th graders use cocaine than younger adolescents. Although males and older students appear to be using alcohol and drugs more than other students, reductions should occur among all adolescents in general.

Whereas binge drinking amongst adult females is low—very close to the 2010 objective, binge drinking among adult males is well above the 2010 target.

Rhode Islanders who did not report their income and those with household incomes of $75,000 or more have the lowest rates of binge drinking whereas those who earn between $25,000 and $34,999 annually have higher rates. Those with less than a high school education have the lowest rates of binge drinking. Residents aged 65 and over have already met the 2010 target whereas nearly one-third of those aged 18 to 24 are binge drinkers. Rates are slightly higher among those living in urban environments and among those who do not have disabilities. With the exception of the state's older residents, efforts to reduce binge drinking must occur among all groups to reach the 2010 target. Particular attention should be paid to addressing binge drinking among males, individuals who are 18 to 24 years old, and Rhode Islanders with more than a high school education.

RESPONSIBLE SEXUAL BEHAVIOR

Slightly more male youth abstain from sexual behavior or use condoms if sexually active than female youth. Youth in the 9th grade have the highest rates of abstinence and condom use. Rates of abstinence and condom use decrease as grade level increases. Although all groups need to increase their rates of abstinence and condom use to reach the 2010 target, particular attention should be paid to students in the higher grades of high school.

While all sexually active unmarried adults need to increase condom use to meet 2010 targets, condom use is lowest among women who are 35-44 years old. Among men, condom use is lowest among unmarried sexually active men who are 35-49 years old, and those with a household income of less than $25,000.

MENTAL HEALTH

The suicide rate is higher among Rhode Island males in comparison to Rhode Island females. Prevention efforts to reduce suicide should pay particular attention to males.

INJURY AND VIOLENCE

The incidences of death by homicide and by motor vehicle crashes amongst Rhode Island females are low, and this population has met the 2010 target for reducing injury and violence. The rates of homicide and death due to motor vehicle crashes for males, however, are more than double the rates for females. The incidences in the male population must be reduced to meet the 2010 target.

IMMUNIZATION

The highest rates of immunization against influenza are among seniors (aged 65 and older) with a college degree or more, those 75 years or older, individuals who have disabilities, those with household incomes of $25,0000-$34,999, and those who live outside the state's urban areas. Slightly more males are immunized than females. Interventions should target seniors aged 65-74, those living in urban areas, and those with less than a high school education. Despite these differences, increases in the number of individuals immunized against influenza must occur among all groups to meet the 2010 target for all groups of seniors.

Vaccinations against pneumococcal disease among the state's seniors are higher for females, those with annual incomes of $25,000-$34,999, residents with a high school degree or GED, those with disabilities, and those 75 years or older. There is little difference in vaccination rates by geographic location. Although some groups have higher rates of vaccination against pneumococcal disease, none have met the 2010 target. Therefore, increases in rates among all groups are necessary. Interventions should focus on seniors aged 65-74 and those without disabilities.

ACCESS TO HEALTH CARE

Health insurance coverage increases with income, education and age. Rhode Island females have slightly better coverage than males. Those living in non-urban areas have slightly higher rates of health insurance coverage than those in urban areas. Health insurance coverage does not differ based on disability status. Although no group has reached 100% insurance coverage, the following three groups are farthest from reaching the goal: residents with household incomes of less than $25,000 annually, those who are 18 to 24 years of age, and those who have less than a high school education.

More women than men have an ongoing source of health care. More individuals with the highest incomes in the state ($50,000 or more annually) have an ongoing source of health care in comparison to those with lower incomes. The rate of having a source of ongoing health care increases with the level of education. Residents between the ages of 65 and 74 have nearly met the 2010 target. Although no group has met the 2010 target, residents who are 18 to 24 years of age, adult men, and individuals with incomes of $25,000-$34,999 are farther from reaching the goal than other groups.

HEALTH DISPARITIES AT A GLANCE

The table below illustrates the groups with the greatest health disparities for each of the health indicators reviewed in this report. Until confidence intervals are available, greatest health disparities cannot be determined with statistical significance. Therefore, this table represents face value disparities within each LHI. In addition, this table presents greatest health disparities among groups for which we currently have data.

Considering the variables presented in this report, there are four groups that most frequently appear to have significant disparities across several indicators. The data presented in this report suggest that the following groups would benefit most from targeted interventions:

- Adult males,
- Rhode Islanders with lower levels of education (high school education or less),
- Rhode Islanders with lower levels of income (less than $35,000), and
- Adolescents in the 12th grade.

Although the health disparities listed below are those that disproportionately affect each group, improvement on all health indicators for most groups are necessary to reach 2010 targets.

Rhode Islanders with the Greatest Health Disparities Within Each LHI

Leading Health Indicator (LHI)	**Groups at Most Risk**
Physical activity	Adults • Lower levels of education (high school grad/GED or less) • Over the age of 25 • With disabilities • With lower levels of income (less than $35,000) Adolescents • Adolescent females • Adolescents in 12th grade
Overweight and obesity	Adults • Less than a high school education • With disabilities • Adults ages 45-64 Adolescents • Children and adolescents with household incomes below the federal poverty level *Fruit and Vegetable consumption:* • With less than a high school education • Adult males
Tobacco use	Adults • Ages 18-44 • Lower incomes (less than $50,000) • Lower levels of education (some college or less) • Living in urban areas

	Adolescents • Adolescents in 12th grade
Substance use	Adolescents: Alcohol and Illicit Drugs • Adolescents in 12th grade *Binge drinking:* • 18 to 24 year olds • Adult males • More than a high school education
Responsible sexual behavior	Adolescents • Adolescents in 12th grade Unmarried Sexually Active Males • Unmarried sexually active males ages 35-49 • Unmarried sexually active males with incomes less than $25,000 Unmarried Sexually Active Females • Unmarried, sexually active females ages 35-44
Mental Health	*No disparity data currently available*
Injury and violence	*Homicide and motor vehicle crashes:* • Males *Motor vehicle crashes:* • 15-24 year olds • 85+ year olds
Environmental quality	*No disparity data currently available*
Immunization	*Flu vaccine:* • Living in urban areas • Less than a high school degree • Ages 64-75 *Pneumococcal vaccine:* • Ages 65-74 • Without disabilities
Access to health care	*Health insurance coverage:* • Incomes of less than $25,000 • 18 to 24 year olds • Less than a high school degree *Ongoing source of care:* • Ages 18-24 • Males • Incomes of $25,000 to $34,999

The table below illustrates the greatest health disparities in Rhode Island by gender, income, education, geographic location, age, and disability status. Although the health indicators listed for each group are those that disproportionately affect each group, improvement on all health indicators for most groups are necessary to reach 2010 targets for the health indicators.

Until confidence intervals are available, greatest health disparities cannot be determined with statistical significance. Therefore, this table represents face value disparities. In addition, this table presents greatest health disparities among groups for which we currently have data.

Greatest Health Disparities By Gender, Income, Education, Geographic Location, Age and Disability Status

Group		**Greatest Risk by Leading Health Indicator (LHI)**
Gender	Males	• Fruit and vegetable consumption • Binge drinking • Homicide • Motor vehicle crashes • Ongoing source of care • Mental health
	Adolescent females	• Physical activity
Income	Lower levels	• Physical activity • Overweight and obesity-children and adolescents • Tobacco use
	Less than $25,000	• Health insurance • Responsible sexual behavior (unmarried sexually active men)
	$25,000-34,999	• Ongoing source of care
Education	Less than a high school degree	• Overweight and obesity • Fruit and vegetable consumption • Health insurance coverage • Flu vaccine (seniors)
	High school education or less	• Physical activity
	Some college education or less	• Tobacco use
	More than a high school education	• Binge drinking
	Adolescents in 12th grade	• Physical activity • Tobacco use • Substance use • Responsible sexual behavior
Geographic location	Urban	• Tobacco use • Flu vaccine (seniors)
Age	15-24 years	• Death by motor vehicle crash
	18-24 years	• Binge drinking • Health insurance coverage • Ongoing source of care
	18-44 years	• Tobacco use

	Over 25 years	• Physical activity
	35-44	• Responsible sexual behavior (unmarried sexually active women)
	35-49	• Responsible sexual behavior (unmarried sexually active men)
	45-64	• Overweight and obesity
	65-75	• Flu vaccine • Pneumococcal vaccine (seniors)
	85+	• Death by motor vehicle crash
Disability status	With disabilities	• Physical activity • Overweight/obesity
	Without disabilities	• Pneumococcal vaccine (seniors)

DEMOGRAPHIC BACKGROUND

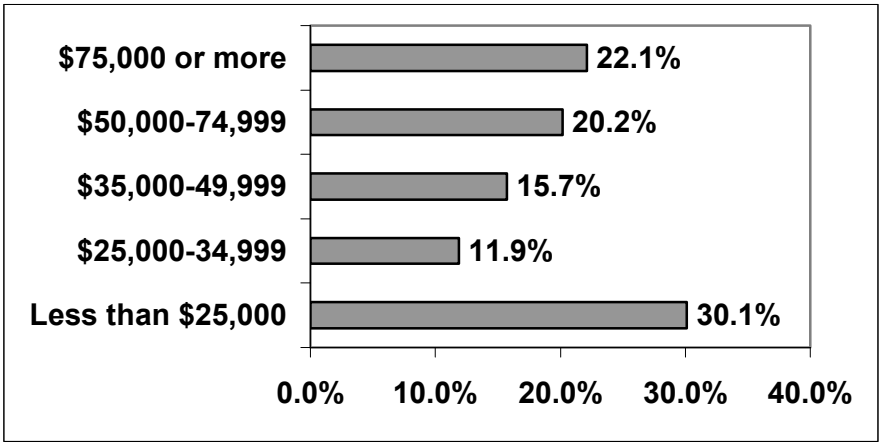
This report focuses on gender, household income, level of education, geographic location, age, and disability status to determine whether disparities exist across the Healthy People 2010 objectives by these factors. Data specific to Rhode Island were gathered from the 2000 U.S. Census and used to provide the context for each disparity, as seen below.

Gender

More of the state's residents are female than male. In fact, data show that 52% of Rhode Island's population—of 1,048,319 residents—is female. There are 800,497 residents who are aged 18 and older. Among those, 52.9% are female. Out of the 152,402 residents who are aged 65 and older, 60.6% are female.

Household income

Data on household income were available for 408,412 households across the state. The median household income reported on the 2000 Census was $42,090.[1] The chart below illustrates the percent of residents in each range of household incomes. Just over 20% of residents have annual household incomes of $50,000 to $74,999. A total of 42.3% of households have annual incomes of $50,000 or more.



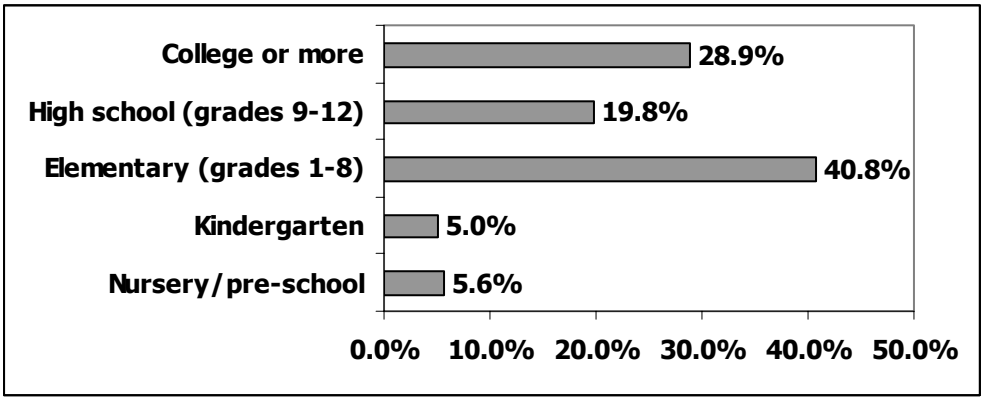
Nearly 9% of two-parent families, 29.1% of female-headed households with no husband, and 11.9% of individuals live below the federal poverty level.

[1] Annual income reported on the 2000 Census reflects household earnings for the prior year, in this case 1999 household income.

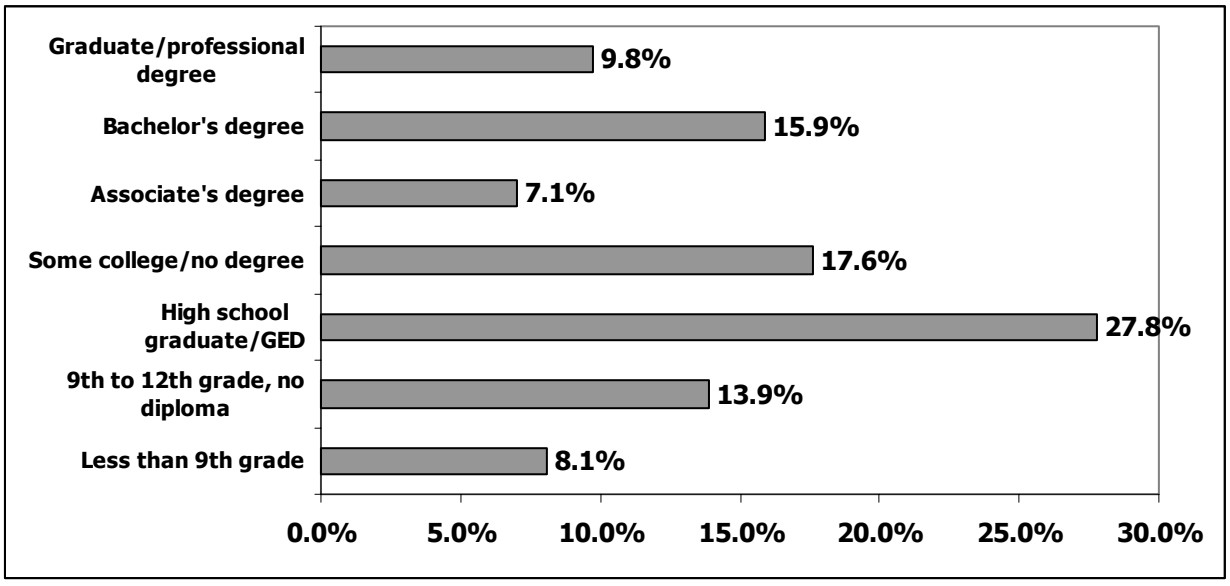
Defining household income
Respondents to the 1998-2000 BRFSS were asked to indicate within which income category total household income from all sources falls.

Level of education

A number of objectives target behaviors among Rhode Island adolescents in grades 9 through 12. Of the 290,605 Rhode Island residents over the age of three who are enrolled in school, 19.8% are in high school.



Data on adults are analyzed to understand whether certain risk factors vary by completed education level. Among the 694,573 Rhode Island adults over the age of 25, 22% have less than a high school degree. Nearly 28% have a high school degree or GED, 24.6% an Associate's degree or some college, and 25.6% a bachelor's degree or more.



Defining level of education
The operational definition for level of education consists of answers to the following question on the 1998-2000 BRFSS:

What is the highest grade or year of school you completed?

Geographic location

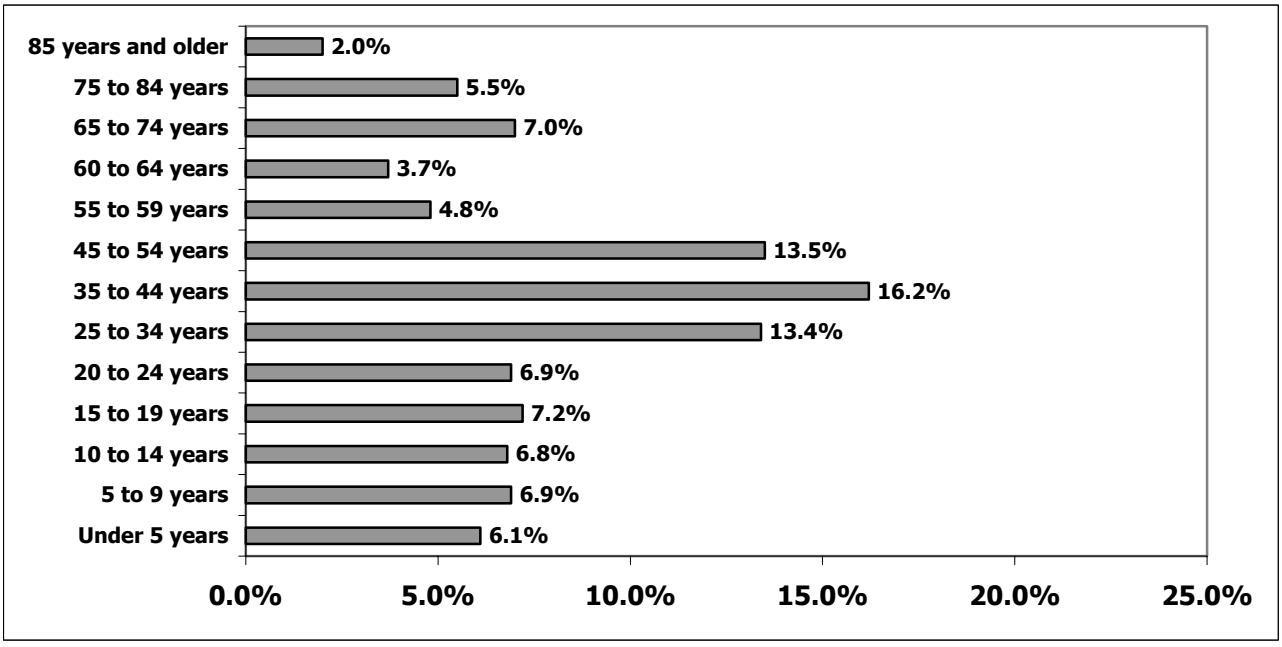
For many of the Healthy Rhode Islanders 2010 objectives, data are analyzed to understand whether certain risk factors vary by geographic location of Rhode Island residents. Of the 439,837 households in Rhode Island, 36% are in the "urban core" which includes Central Falls, Newport, Pawtucket, Providence and Woonsocket. The rest live outside these urban centers in suburban and rural areas.

Defining geographic location
The operational definition for geographic location consists of answers to the following question on the 1998-2000 BRFSS:

What city or town do you live in?

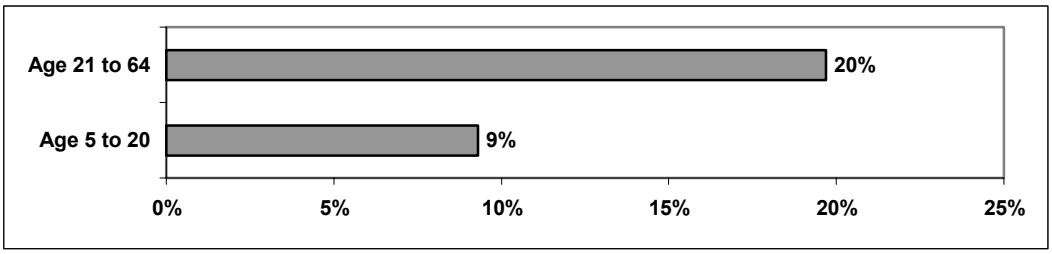
Age

Throughout this report, data for objectives are broken down by age to determine whether certain factors are associated with the age of Rhode Island residents. Just over 43% of the state's residents are between the ages of 25 and 54. Two objectives target the state's older citizens (aged 65 and older) who comprise 14.5% of the state's population.



Disability status

The disability status of Rhode Island residents may be associated with their ability to reach targets for certain Healthy Rhode Islanders 2010 objectives. According to U.S. Census data, 9.3% of the state's 234,287 residents who are aged 5 to 20 years have a disability. Among the 589,705 who are 21 to 64 years, 19.7% have a disability.



According to Rhode Island's 1998 - 2000 BRFSS data, the rate for disability among adults aged 18 and older is 16%. For adults ages 21 – 64, the rate for disability is 13.6%.

Defining disability status

The operational definition for disability consists of affirmative answers to **one** or **both** of the following questions on the BRFSS for 1998-2000:

1. Are you limited in any way in any activities because of any impairment or health problem?

2. If you use special equipment or help from other to get around, what type do you use?

Note: The Operational definition for Disability is directly adapted from the national Healthy People 2010 operational definition.

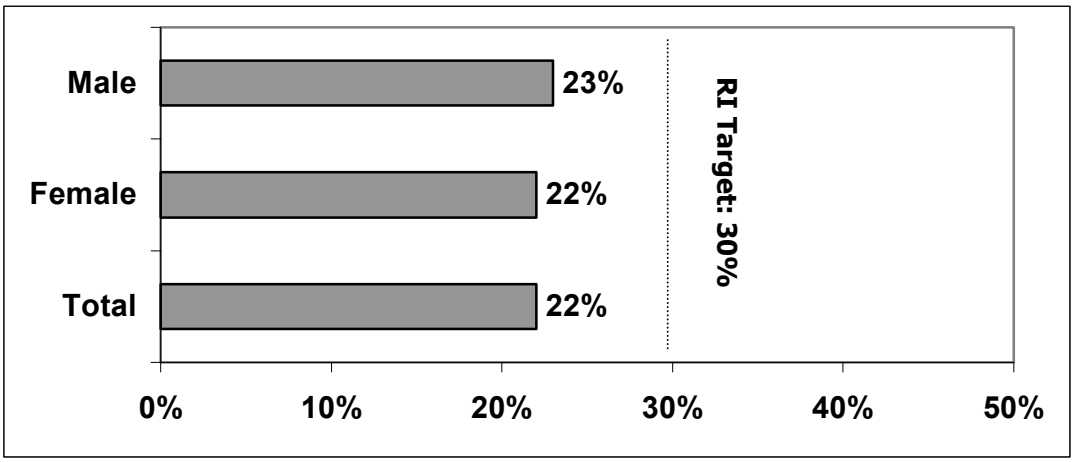
TECHNICAL NOTES

Percentages for individuals who indicated that they "don't know" or who "refused" to report information on gender, level of education, geographic location, age, and disability status were excluded from analyses for all objectives. Because a large number of individuals indicated that they "don't know/refused" to report household income, these data were included in all analyses involving household income.

PHYSICAL ACTIVITY

ADULTS- GENDER

HRI Objective 1-1. Increase the proportion of adults* who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day. (Healthy People 2010 Objective 22.2)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, Office of Health Statistics (OHS), Rhode Island Department of Health (HEALTH).

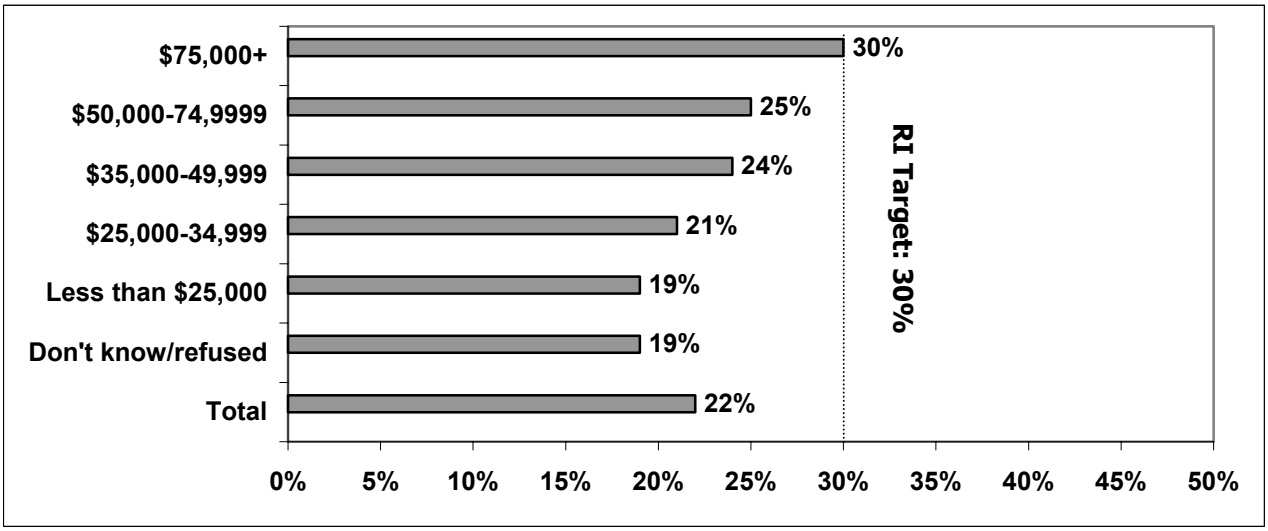
The most recent Rhode Island data indicate that the overall physical activity rate for adults is 22%. The target is to increase the percent of adults engaging in regular physical activity to 30% by the year 2010. Activity rates for Rhode Island men (23%) and women (22%) are essentially the same. The opportunity for improvement exists for both groups in order to reach the 2010 target.

*Data available for adults age 18 years and older

PHYSICAL ACTIVITY

ADULTS- INCOME

HRI Objective 1-1. Increase the proportion of adults* who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day. (Healthy People 2010 Objective 22.2)



Note: Percentages for "don't know/refused" excluded from analyses for all disparities except household income because of the large number of respondents who did not provide data about household income.

SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

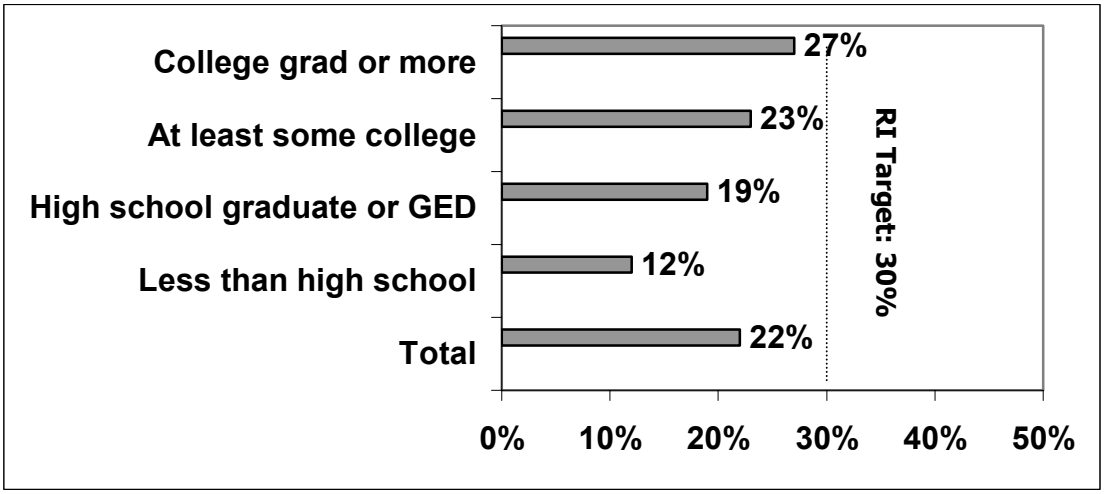
The most recent Rhode Island data indicate that the overall physical activity rate for adults is 22%. The target is to increase the percent of adults engaging in regular physical activity to 30% by the year 2010. Based on the available data, the rate of physical activity increases with annual household income. At 30%, those in the highest income group ($75,000+ annually) have the highest rate of regular physical activity. The rates of physical activity among those in the other income groups do not meet the target. Although the greatest opportunity for improvement exists for those in the lowest income group (less than $25,000), improvements could also be achieved by those with household incomes of $25,000-$34,999, $35,000-$49,999, and $50,000-$74,999.

*Data available for adults age 18 years and older

PHYSICAL ACTIVITY

ADULTS- EDUCATION

HRI Objective 1-1. Increase the proportion of adults* who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day. (Healthy People 2010 Objective 22.2)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

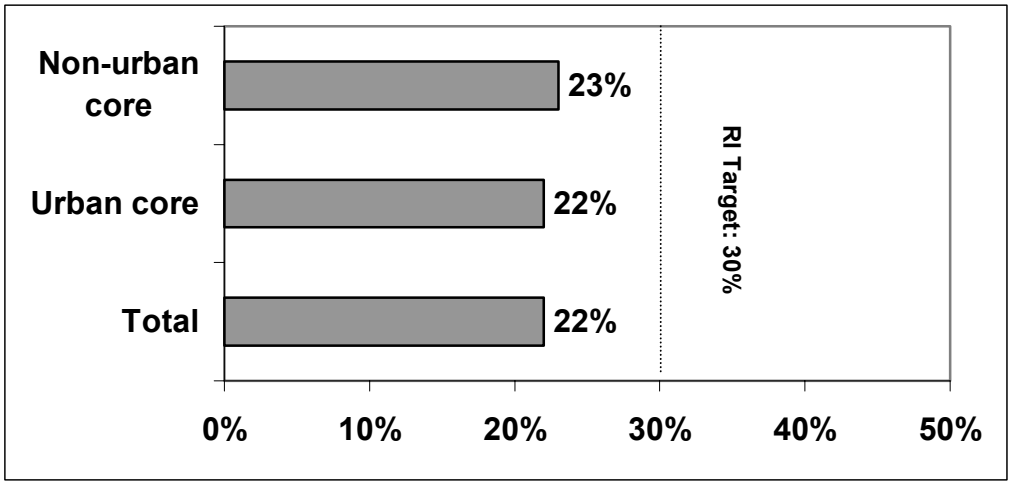
The most recent Rhode Island data indicate that the overall physical activity rate for adults is 22%. The target is to increase the percent of adults engaging in regular physical activity to 30% by the year 2010. Although the rate of physical activity appears to increase with level of education, the opportunity exists for all groups to increase their level of physical activity to meet the 2010 target.

*Educational figures are for adults 25 and older based on CDC specifications regarding those adults who are most likely to have completed their education.

PHYSICAL ACTIVITY

ADULTS- GEOGRAPHIC LOCATION

HRI Objective 1-1. Increase the proportion of adults* who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day. (Healthy People 2010 Objective 22.2)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

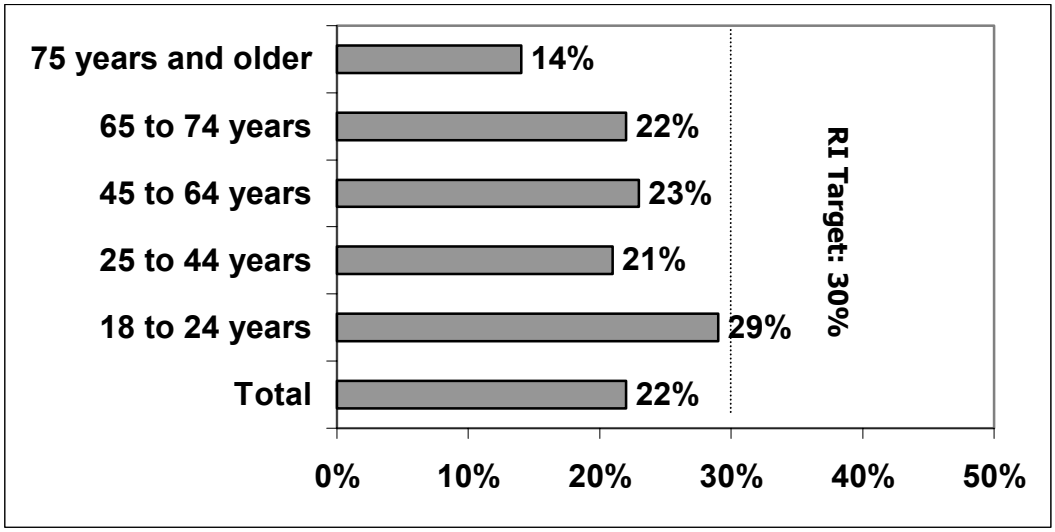
The most recent Rhode Island data indicate that the overall physical activity rate for adults is 22%. The target is to increase the percent of adults engaging in regular physical activity to 30% by the year 2010. Those living in the non-urban core appear and those in the urban core (Central Falls, Newport, Pawtucket, Providence, and Woonsocket) have essentially the same rates of exercise. An opportunity for improvement exists for both groups in order to meet the 2010 target.

*Data available for adults age 18 years and older

PHYSICAL ACTIVITY

ADULTS- AGE

HRI Objective 1-1. Increase the proportion of adults* who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day. (Healthy People 2010 Objective 22.2)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

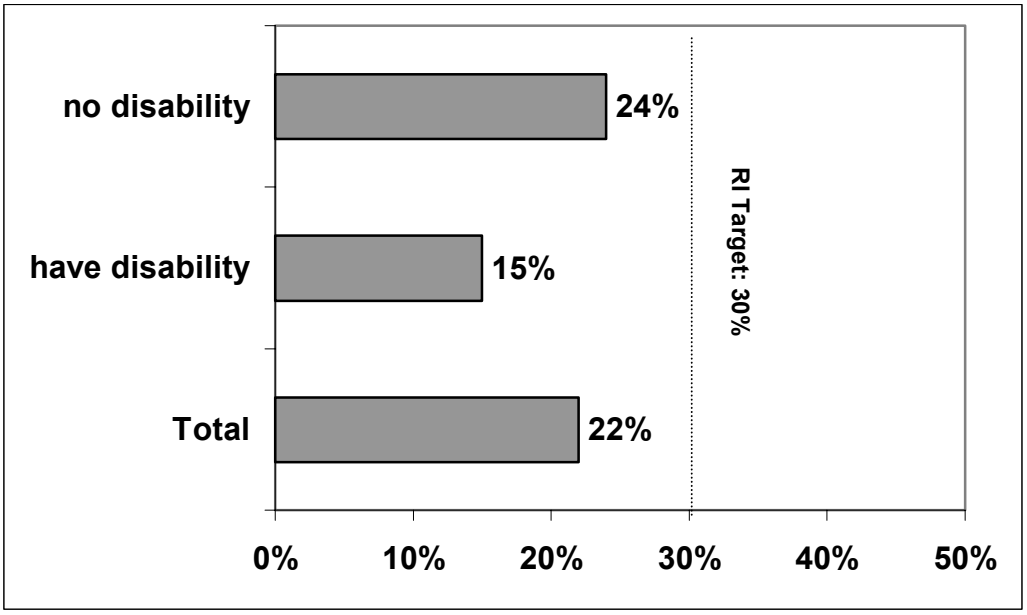
The most recent Rhode Island data indicate that the overall physical activity rate for adults is 22%. The target is to increase the percent of adults engaging in regular physical activity to 30% by the year 2010. The available data suggest that Rhode Island residents in the 18 to 24 year old group have the highest rate of activity at 29%. Those in the oldest age group (75 years and older) have the lowest rate of physical activity at 14%. Despite the apparent differences between these groups, the opportunity for improvement exists for all age groups in order to meet the 2010 target.

*Data available for adults age 18 years and older

PHYSICAL ACTIVITY

ADULTS- DISABILITY STATUS

HRI Objective 1-1. Increase the proportion of adults* who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day. (Healthy People 2010 Objective 22.2)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

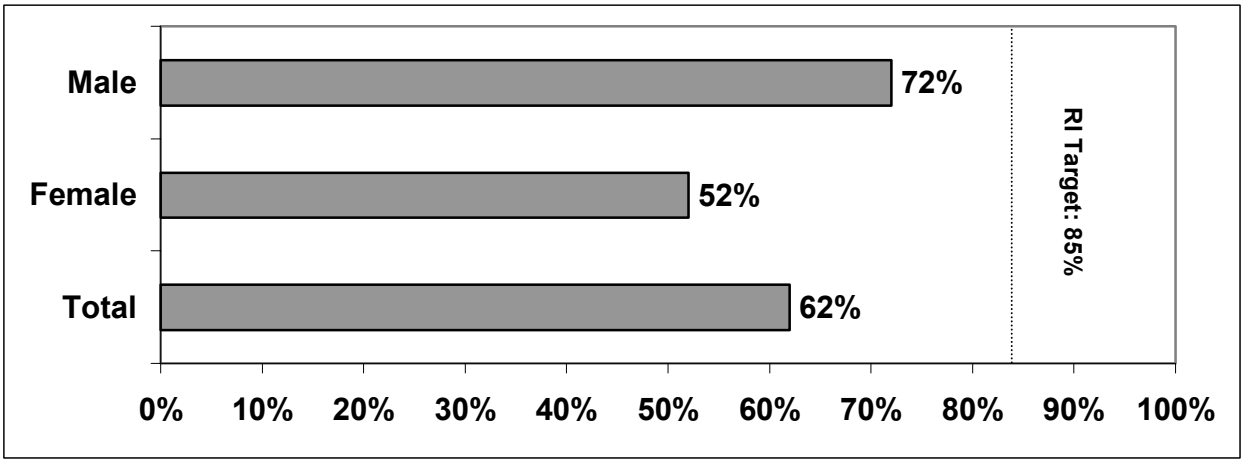
The most recent Rhode Island data indicate that the overall physical activity rate for adults is 22%. The target is to increase the percent of adults engaging in regular physical activity to 30% by the year 2010. Rhode Island residents with a disability have a lower rate of physical activity than those who do not have a disability. However, the opportunity to improve exists for both groups in order to meet the 2010 target.

*Data available for adults age 18 years and older

PHYSICAL ACTIVITY

ADOLESCENTS- GENDER

HRI Objective 1-2. Increase the proportion of adolescents* who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.
(Healthy People 2010 Objective 22.7)



SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH.

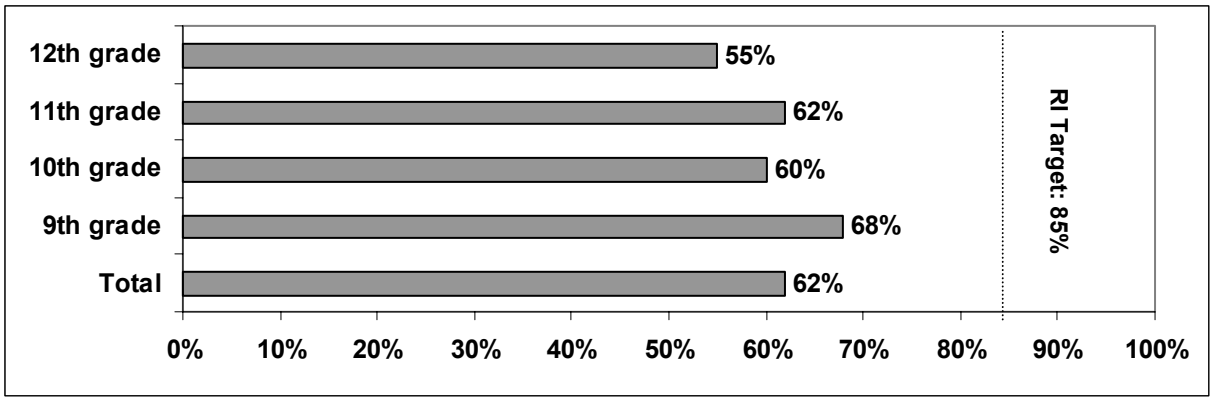
In 1997, 62% of adolescents responding to the Youth Risk Behavior Survey indicated that they engage in vigorous physical activity 3 or more days per week. The target for Healthy Rhode Islanders 2010 is to increase participation to 85% of adolescents who engage in vigorous activity at least 3 times per week. The data indicate that the rate at which Rhode Island male adolescents (72%) participate in vigorous activity at least 3 times weekly exceeds the rate of Rhode Island female adolescents (52%)that participate. However, the opportunity for increasing physical activity exists for both groups in order to meet the 2010 target.

*Data available for students, grades 9-12

PHYSICAL ACTIVITY

ADOLESCENTS- HIGH SCHOOL GRADE

HRI Objective 1-2. Increase the proportion of adolescents* who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.
(Healthy People 2010 Objective 22.7)



SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH.

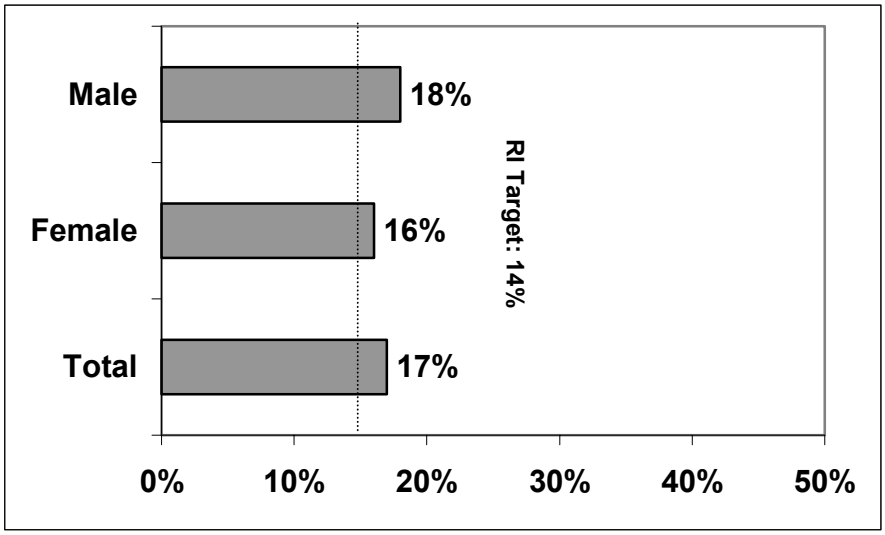
In 1997, 62% of adolescents responding to the Youth Risk Behavior Survey indicated that they engage in vigorous physical activity 3 or more days per week. The target for Healthy Rhode Islanders 2010 is to increase participation to 85% of adolescents who engage in vigorous activity at least 3 times per week. Those in the 9th grade reported higher rates of physical activity than those in the higher grades, although all those in grades 9 through 12 have an opportunity for increasing their rates of physical activity in order to meet the 2010 target.

*Data available for students, grades 9-12

OVERWEIGHT AND OBESITY

ADULTS- GENDER

HRI Objective 2-1. Reduce the proportion of adults* who are obese.
(Healthy People 2010 Objective 19-2)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

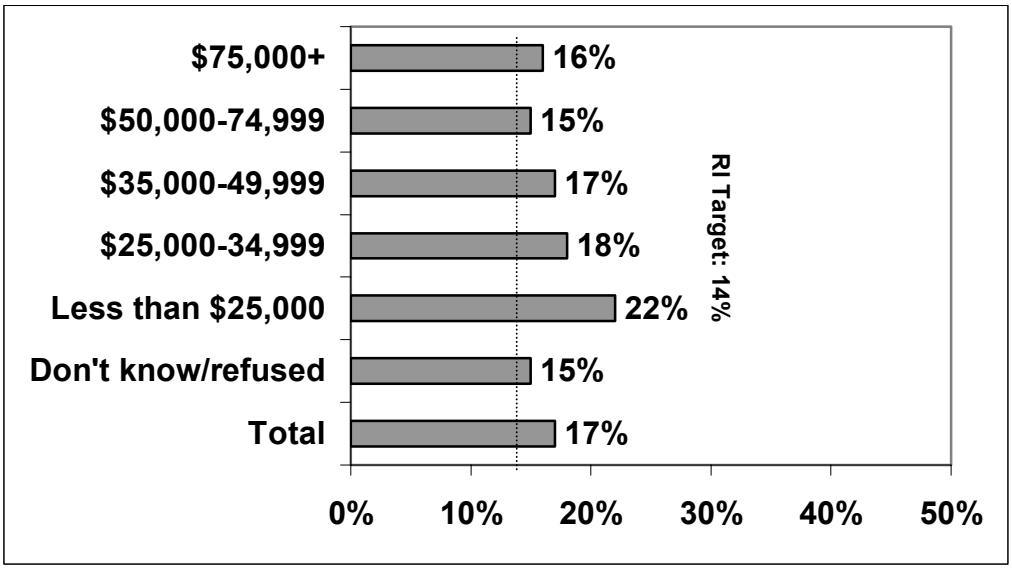
In Rhode Island, the most recent data show that the overall obesity rate among adults is 17%. The target for the year 2010 is to reduce the rate of obesity to 14% for all Rhode Islanders aged 18 and older. The data indicate that Rhode Island males have a slightly higher rate of obesity (18%) as compared to Rhode Island females (16%). The opportunity exists, however, for reductions in the rate of obesity for both groups.

*Data available for adults age 18 and older

OVERWEIGHT AND OBESITY

ADULTS- INCOME

HRI Objective 2-1. Reduce the proportion of adults* who are obese.
(Healthy People 2010 Objective 19-2)



Note: Percentages for "don't know/refused" excluded from analyses for all disparities except household income because of the large number of respondents who did not provide data about household income.

SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

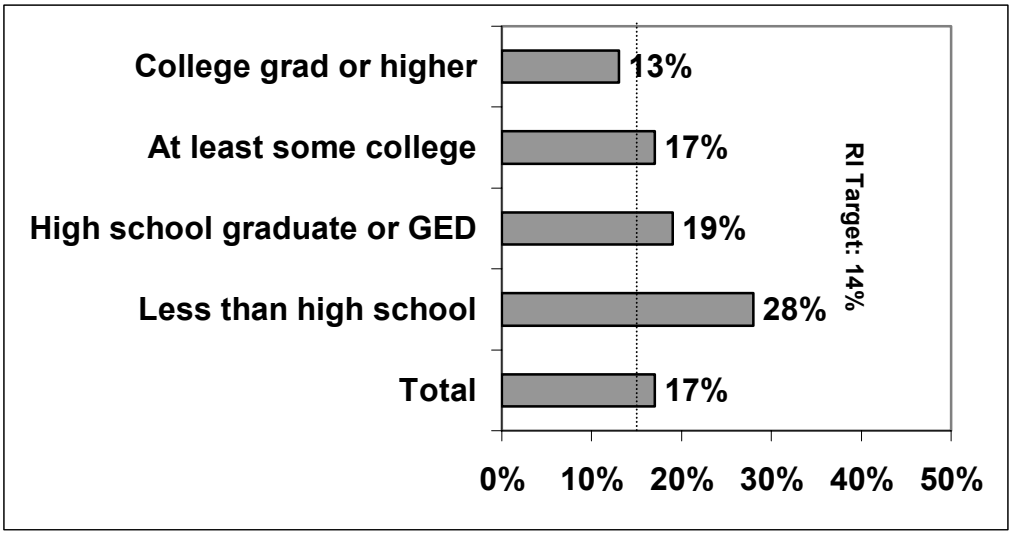
In Rhode Island, the most recent data show that the overall obesity rate among adults is 17%. The target for the year 2010 is to reduce the rate of obesity to 14% for all Rhode Islanders aged 18 and older. Based on the available data, the rate of obesity is highest for those in the state's lowest income group (less than $25,000). The lowest rate of obesity is among Rhode Islanders in the $50,000-74,999 group. However, all of the income groups have an opportunity to lower their respective rates of obesity to meet the 2010 target.

*Data available for adults age 18 and older

OVERWEIGHT AND OBESITY

ADULTS- EDUCATION

HRI Objective 2-1. Reduce the proportion of adults* who are obese.
(Healthy People 2010 Objective 19-2)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

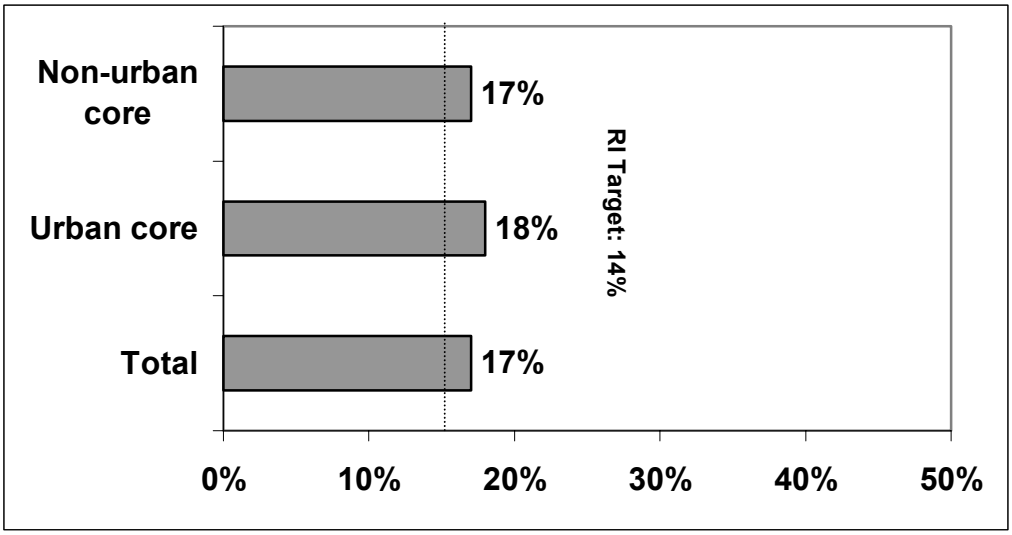
In Rhode Island, the most recent data show that the overall obesity rate among adults is 17%. The target for the year 2010 is to reduce the rate of obesity to 14% for all Rhode Islanders aged 18 and older. The available data indicate that those with a college degree or higher have the lowest rate of obesity (13%) among Rhode Island residents. This group has achieved the target. The group with less than a high school education has the highest rate of obesity among Rhode Island residents (28%). All Rhode Islanders, with the exception of those with a college degree or higher, have an opportunity to reduce their respective rate of obesity to meet the 2010 target.

*Educational figures are for adults 25 and older based on CDC specifications regarding those adults who are most likely to have completed their education.

OVERWEIGHT AND OBESITY

ADULTS- GEOGRAPHIC LOCATION

HRI Objective 2-1. Reduce the proportion of adults* who are obese.
(Healthy People 2010 Objective 19-2)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

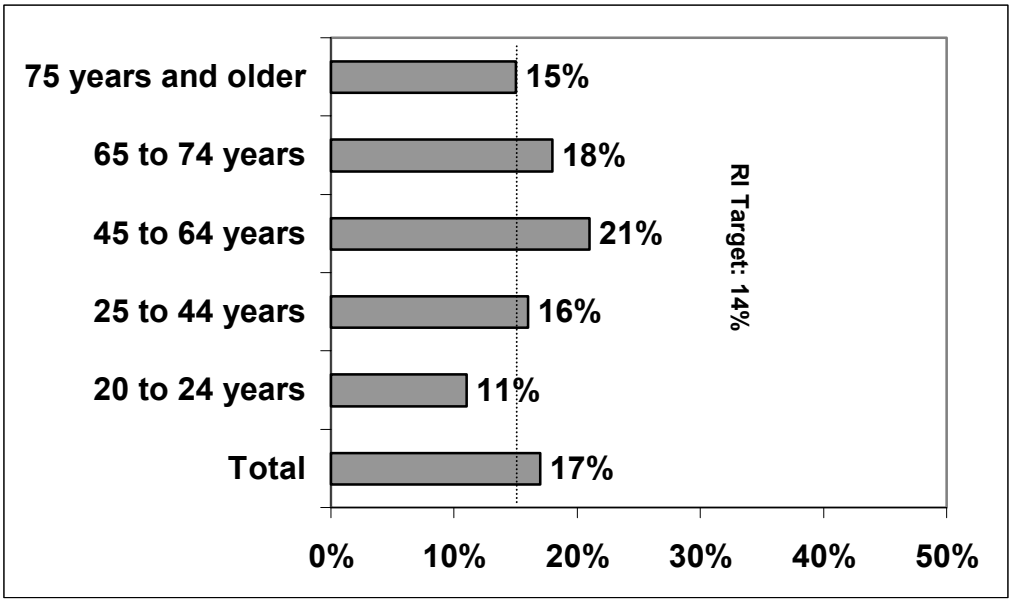
In Rhode Island, the most recent data show that the overall obesity rate among adults is 17%. The target for the year 2010 is to reduce the rate of obesity to 14% for all Rhode Islanders aged 18 and older. Those residents living in the state's urban core (Central Falls, Newport, Pawtucket, Providence, and Woonsocket), as well as those living in the non-urban areas of the state have rates of obesity that exceed the state's target. Both groups have an opportunity for improvement to meet the 2010 target.

*Data available for adults age 18 and older

OVERWEIGHT AND OBESITY

ADULTS- AGE

HRI Objective 2-1. Reduce the proportion of adults* who are obese.
(Healthy People 2010 Objective 19-2)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

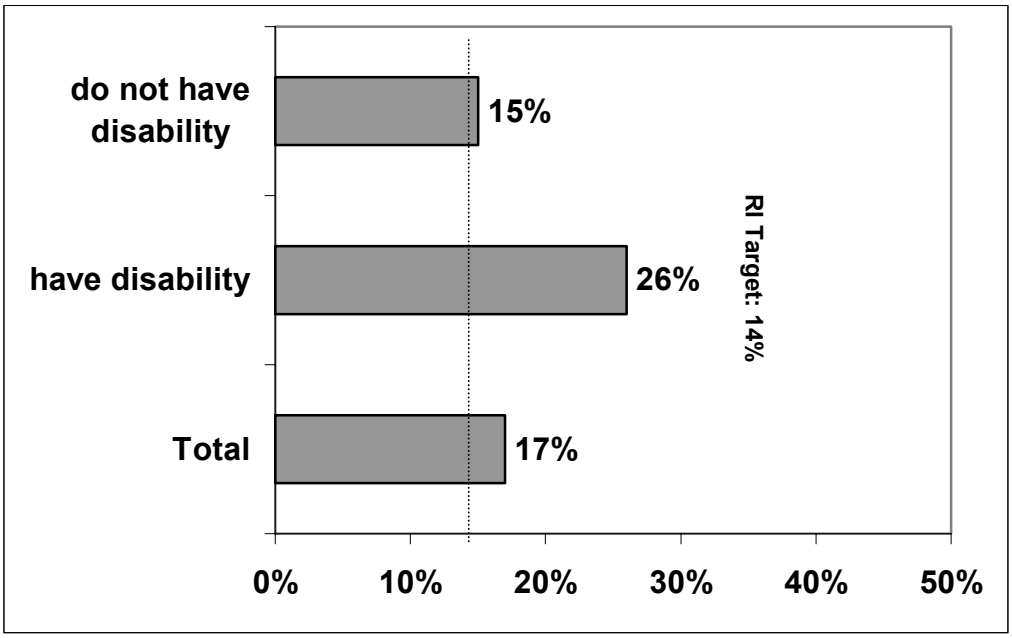
In Rhode Island, the most recent data show that the overall obesity rate among adults is 17%. The target for the year 2010 is to reduce the rate of obesity to 14% for all Rhode Islanders aged 18 and older. The available data indicate that one group, Rhode Island residents between the ages of 20 and 24, have the lowest rate of obesity (11%) and meet the state's 2010 target. The other age groups exceed the state's target and have an opportunity for improvement, with the greatest opportunity for improvement being among the 45 to 64 age group (21%).

*Data available for adults age 18 and older

OVERWEIGHT AND OBESITY

ADULTS- DISABILITY STATUS

HRI Objective 2-1. Reduce the proportion of adults* who are obese.
(Healthy People 2010 Objective 19-2)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

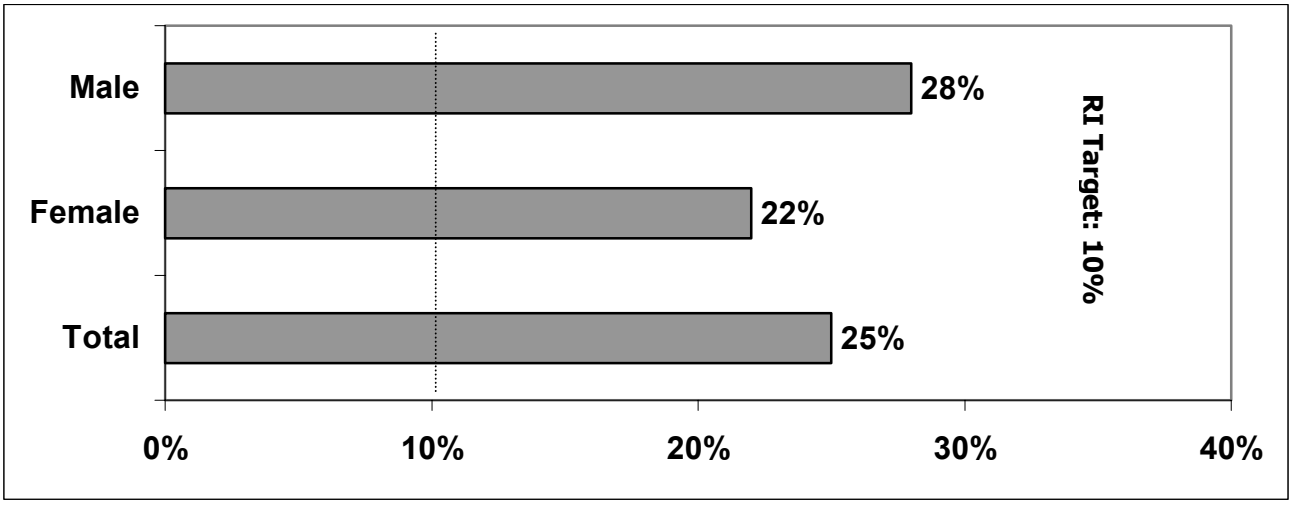
In Rhode Island, the most recent data show that the overall obesity rate among adults is 17%. The target for the year 2010 is to reduce the rate of obesity to 14% for all Rhode Islanders aged 18 and older. Rhode Island residents with a disability have a higher rate of obesity (26%) than those who do not (15%). Both groups, however, have an opportunity for improvement to meet the 2010 target.

*Data available for adults age 18 and older

OVERWEIGHT AND OBESITY

ADOLESCENTS- GENDER

HRI Objective 2-2. Reduce the proportion of children and adolescents* who are overweight or obese.
(Healthy People 2010 Objective 19-3c)



SOURCE: 2001 Rhode Island Health Interview Survey, RI DOH

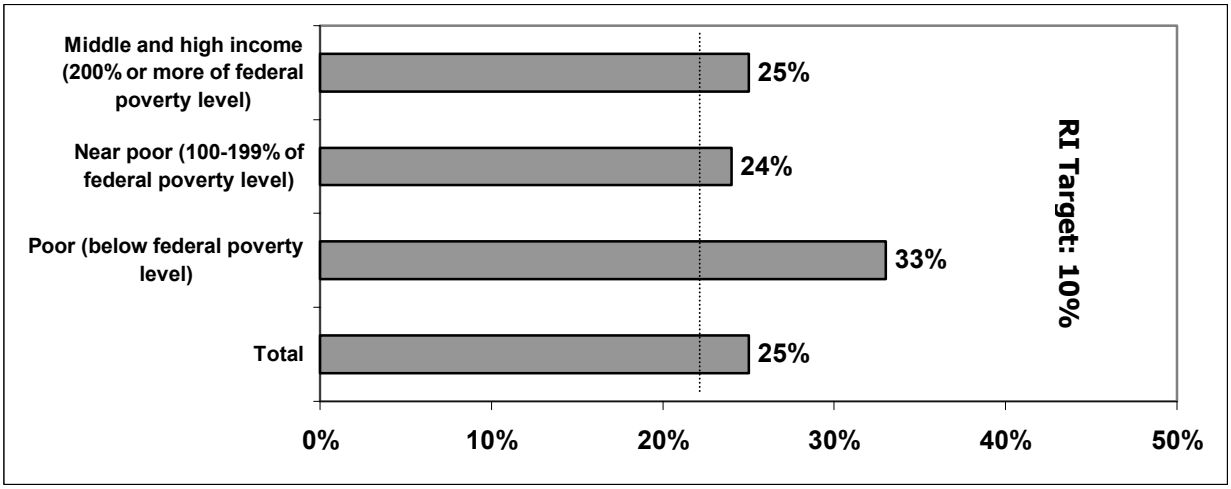
The most recent data show that 25% of Rhode Island youth, aged 6 to 19 years of age, are overweight. The target for the year 2010 is to reduce the rate to 10% for all Rhode Island youth. More male youth (28%) are overweight than female youth (22%). Reductions in the number of youth who are overweight will be necessary for both groups in order to meet the 2010 target.

*Data available for children and adolescents 6-19 years old

OVERWEIGHT AND OBESITY

ADOLESCENTS- HOUSEHOLD INCOME

HRI Objective 2-2. Reduce the proportion of children and adolescents* who are overweight or obese.
(Healthy People 2010 Objective 19-3c)



SOURCE: 2001Rhode Island Health Interview Survey, RI DOH

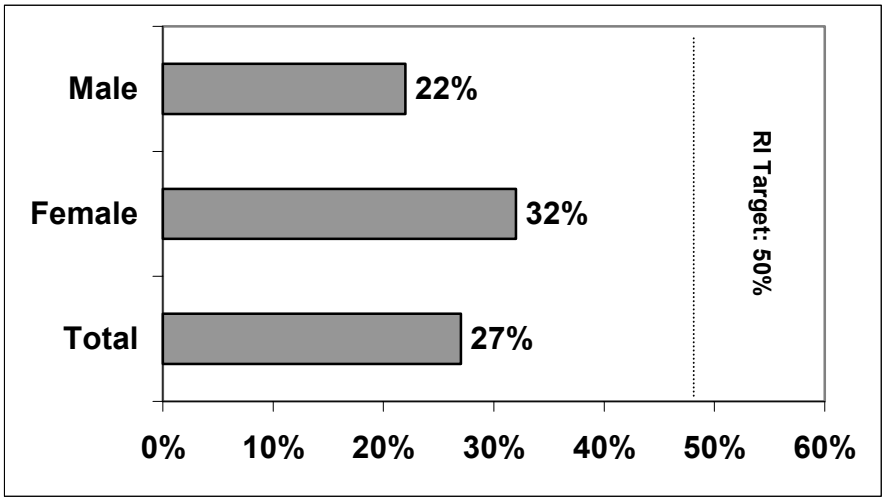
The most recent data show that 25% of Rhode Island youth, aged 6 to 19 years of age, are overweight. The target for the year 2010 is to reduce the rate to 10% for all Rhode Island youth. More of the poorest youth are overweight (33%) versus those who are near poor (24%) or middle/high income (25%). However, reductions in the percentage of children who are overweight will be necessary in each group to reach the 2010 target.

*Data available for children and adolescents 6-19 years old

OVERWEIGHT AND OBESITY

FRUIT AND VEGETABLE CONSUMPTION- GENDER

HRI Objective 2-3. Increase the proportion of persons aged 2 years and older* who consume at least five daily servings of fruits and vegetables. (Healthy People 2010 Objective 19-5, 19-6)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

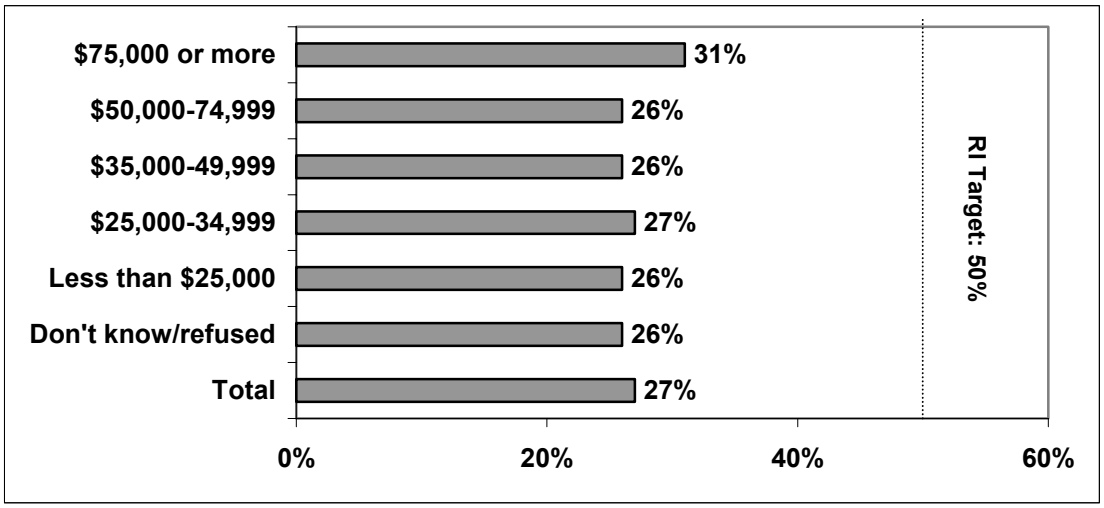
Twenty-seven percent of adults eat 5 servings of fruits and vegetables daily as recommended in the United States Department of Agriculture's (USDA) 2000 *Dietary Guidelines for Americans.* The target for the year 2010 is to increase that rate to 50% of the population aged 2 and over. Baseline data are not available for persons aged 2 to 17 years. The available data indicate that more Rhode Island females (32%) consume the recommended daily number of servings of fruits and vegetables than do Rhode Island males (22%). However, the opportunity for increasing consumption of fruits and vegetables to meet the USDA guidelines exists for both groups.

*Data available for adults age 18 and older

OVERWEIGHT AND OBESITY

FRUIT AND VEGETABLE CONSUMPTION: INCOME

HRI Objective 2-3. Increase the proportion of persons aged 2 and older* who consume at least five daily servings of fruits and vegetables.
(Healthy People 2010 Objective 19-5, 19-6)



Note: Percentages for "don't know/refused" excluded from analyses for all disparities except household income because of the large number of respondents who did not provide data about household income.

SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

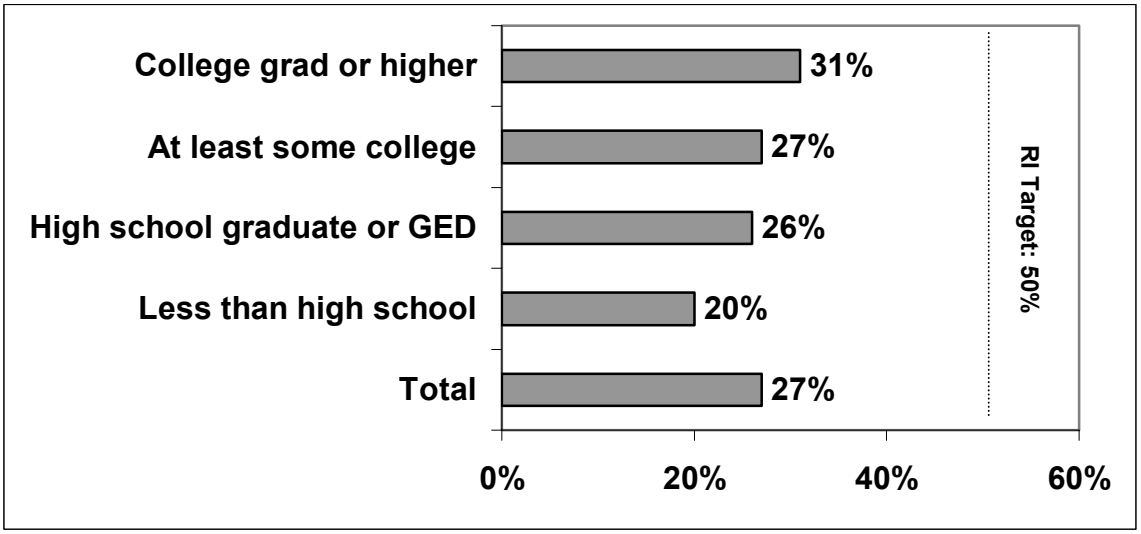
Twenty-seven percent of adults eat 5 servings of fruits and vegetables daily as recommended in the United States Department of Agriculture's (USDA) 2000 *Dietary Guidelines for Americans.* The target for the year 2010 is to increase that rate to 50% of the population aged 2 and over. Baseline data are not available for persons aged 2 to 17 years. The available data show that more Rhode Island residents in the highest annual income group ($75,000+) consume the USDA recommended daily number of servings of fruits and vegetables than residents in the other income groups (31%). Twenty-six percent of residents in three annual income groups ($50,000-$74,999, $35,000-49,999, and less than $25,000) and 27% of those in the $25,000-$34,999 group consume the recommended daily amounts of fruits and vegetables. The opportunity exists for Rhode Islanders in all income groups to increase their daily consumption of fruits and vegetables to meet the USDA guidelines.

*Data available for adults age 18 and older

OVERWEIGHT AND OBESITY

FRUIT AND VEGETABLE CONSUMPTION- EDUCATION

HRI Objective 2-3. Increase the proportion of persons aged 2 years and older* who consume at least five daily servings of fruits and vegetables. (Healthy People 2010 Objective 19-5, 19-6)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

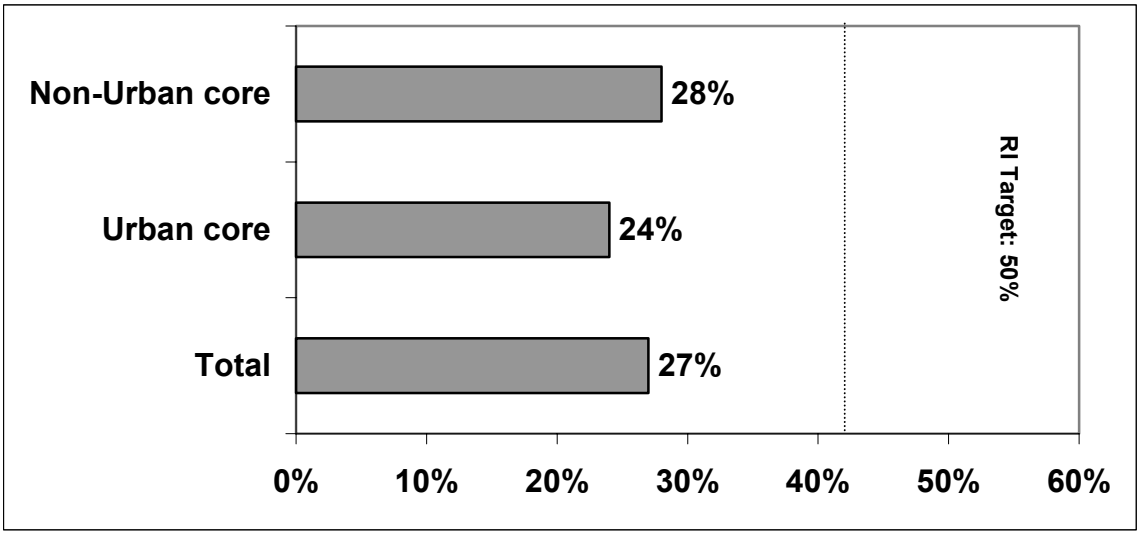
Twenty-seven percent of adults eat 5 servings of fruits and vegetables daily as recommended in the United States Department of Agriculture's (USDA) 2000 *Dietary Guidelines for Americans.* The target for the year 2010 is to increase that rate to 50% of the population aged 2 and over. Baseline data are not available for persons aged 2 to 17 years. The available data indicate that consumption of the recommended daily number of fruits and vegetables increases with education. More Rhode Island residents with a college degree or higher (31%) consume the USDA's daily recommended number of fruits and vegetables than residents with lower levels of education. Only 20% of residents with less than a high school degree report that they consume the recommended daily number of fruits and vegetables. Despite the differences across these groups, all have an opportunity for increasing their daily consumption of fruits and vegetables to meet the USDA guidelines.

*Educational figures are for adults 25 and older based on CDC specifications regarding those adults who are most likely to have completed their education.

OVERWEIGHT AND OBESITY

FRUIT AND VEGETABLE CONSUMPTION- GEOGRAPHIC LOCATION

HRI Objective 2-3. Increase the proportion of persons age 2 and older* who consume at least five daily servings of fruits and vegetables.
(Healthy People 2010 Objective 19-5, 19-6)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

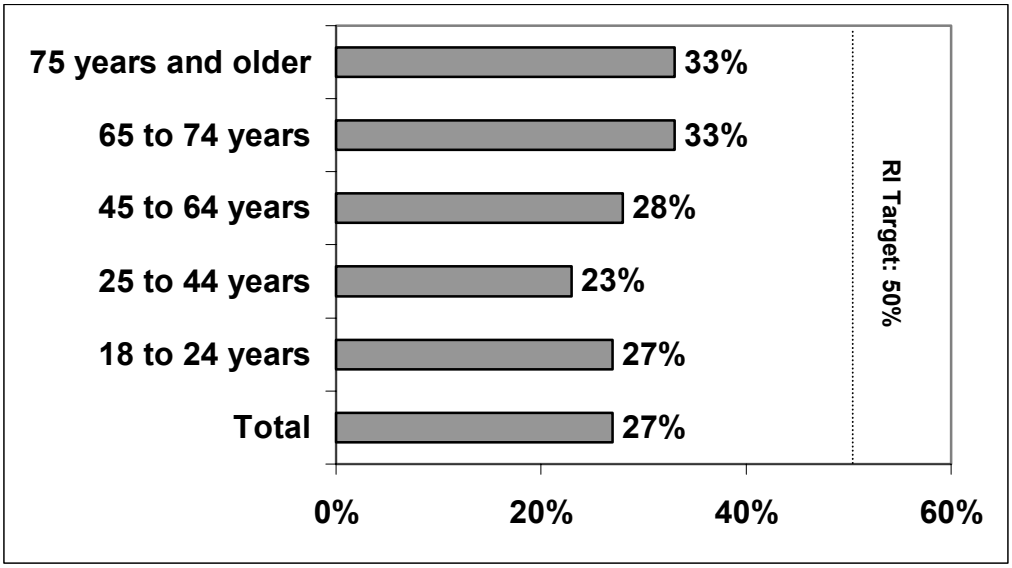
Twenty-seven percent of adults eat 5 servings of fruits and vegetables daily as recommended in the United States Department of Agriculture's (USDA) 2000 *Dietary Guidelines for Americans.* The target for the year 2010 is to increase that rate to 50% of the population aged 2 and over. Baseline data are not available for persons aged 2 to 17 years. The available data show that more Rhode Island residents who live in non-urban areas of the state (28%) consume the recommended daily number of servings of fruits and vegetables than those living in the urban core (Central Falls, Newport, Pawtucket, Providence, and Woonsocket), (24%). Both groups, however, have the opportunity to increase their consumption of fruits and vegetables to meet the USDA recommendations.

*Data available for adults age 18 and older

OVERWEIGHT AND OBESITY

FRUIT AND VEGETABLE CONSUMPTION- AGE

HRI Objective 2-3. Increase the proportion of persons age 2* and older who consume at least five daily servings of fruits and vegetables.
(Healthy People 2010 Objective 19-5, 19-6)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

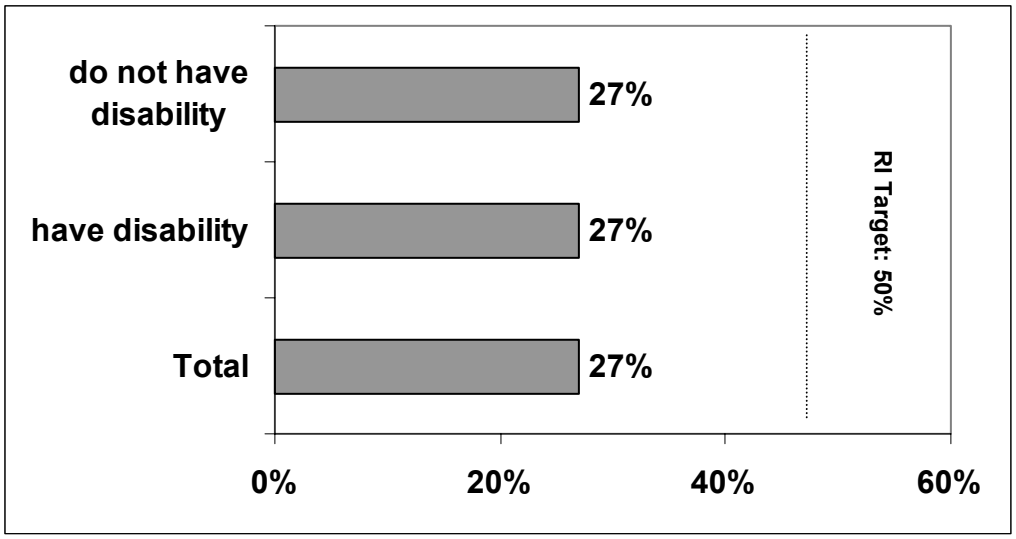
Twenty-seven percent of adults eat 5 servings of fruits and vegetables daily as recommended in the United States Department of Agriculture's (USDA) 2000 *Dietary Guidelines for Americans.* The target for the year 2010 is to increase that rate to 50% of the population aged 2 and over. Baseline data are not available for persons aged 2 to 17 years. More of the state's older residents (65 to 74 years and 75 years and older) consume the recommended daily number of fruits and vegetables than the state's younger residents. Fewer residents in the 25 to 44 age group consume the recommended daily number of servings of fruits and vegetables than any other age group in the state. Despite the apparent differences across the state's age groups, all residents could increase their consumption of fruits and vegetables to meet the USDA's recommendations.

*Data available for adults age 18 and older

OVERWEIGHT AND OBESITY

FRUIT AND VEGETABLE CONSUMPTION- DISABILITY STATUS

HRI Objective 2-3. Increase the proportion of persons age 2* and older who consume at least five daily servings of fruits and vegetables.
(Healthy People 2010 Objective 19-5, 19-6)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

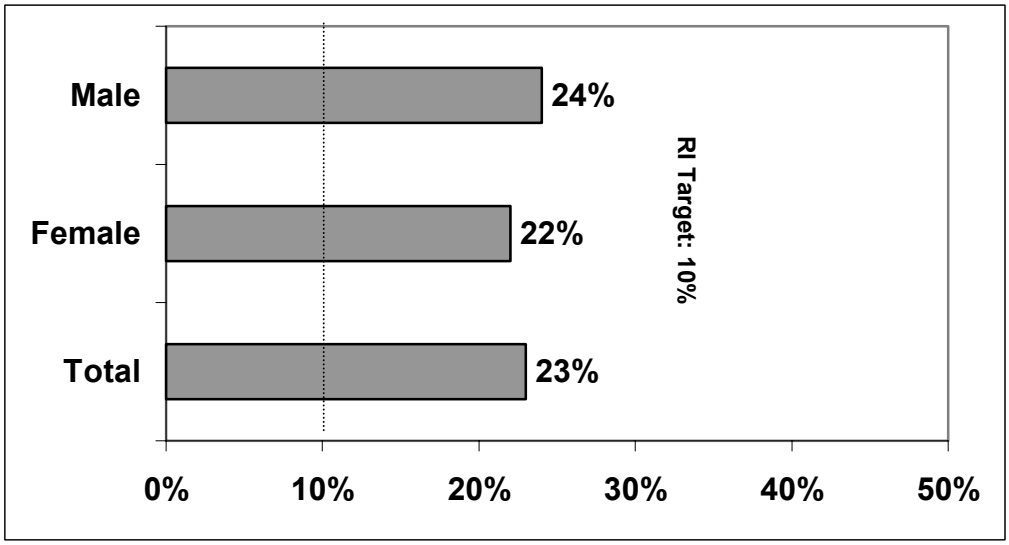
Twenty-seven percent of adults eat 5 servings of fruits and vegetables daily as recommended in the United States Department of Agriculture's (USDA) 2000 *Dietary Guidelines for Americans.* The target for the year 2010 is to increase that rate to 50% of the population aged 2 and over. Baseline data are not available for persons aged 2 to 17 years. The data indicate that the same number of Rhode Island residents who have a disability and those that do not have a disability consume the recommended daily number of servings of fruits and vegetables. Both groups could increase their daily consumption of fruits and vegetables to meet the USDA recommendations.

*Data available for adults age 18 and older

TOBACCO USE

ADULTS- GENDER

HRI Objective 3-1. Reduce cigarette smoking by adults.*
(Healthy People 2010 Objective 27-1a)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

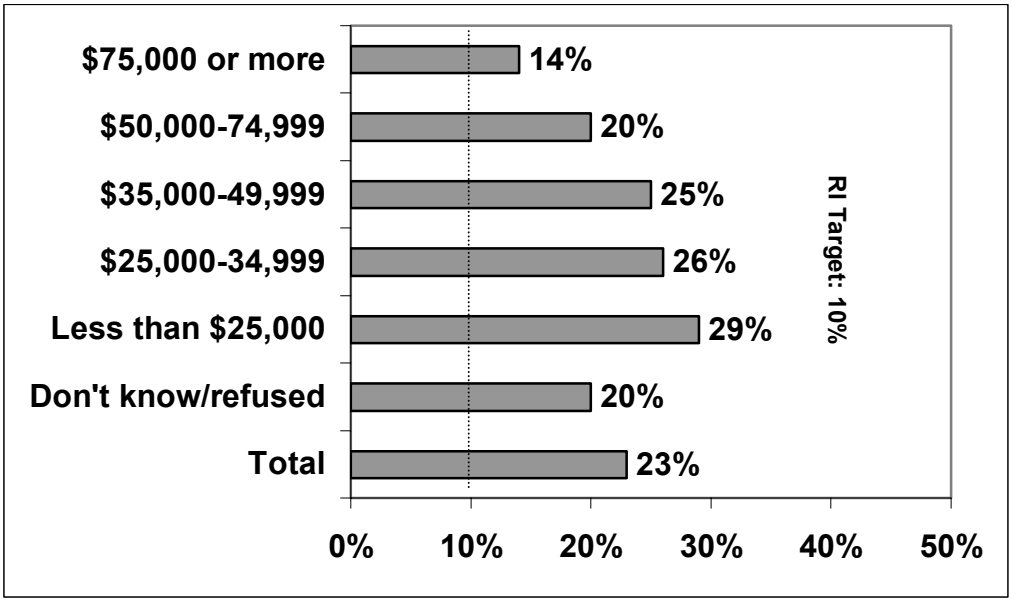
Baseline data show that the overall adult smoking rate is 23%. The Rhode Island target is to reduce the percent of adults who smoke cigarettes to 10% by the year 2010. The data indicate that more males (24%) smoke than females (22%), although both groups have an opportunity to reduce their smoking rates.

*Data available for adults age 18 and older

TOBACCO USE

ADULTS- INCOME

HRI Objective 3-1. Reduce cigarette smoking by adults.*
(Healthy People 2010 Objective 27-1a)



Note: Percentages for "don't know/refused" excluded from analyses for all disparities except household income because of the large number of respondents who did not provide data about household income.

SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

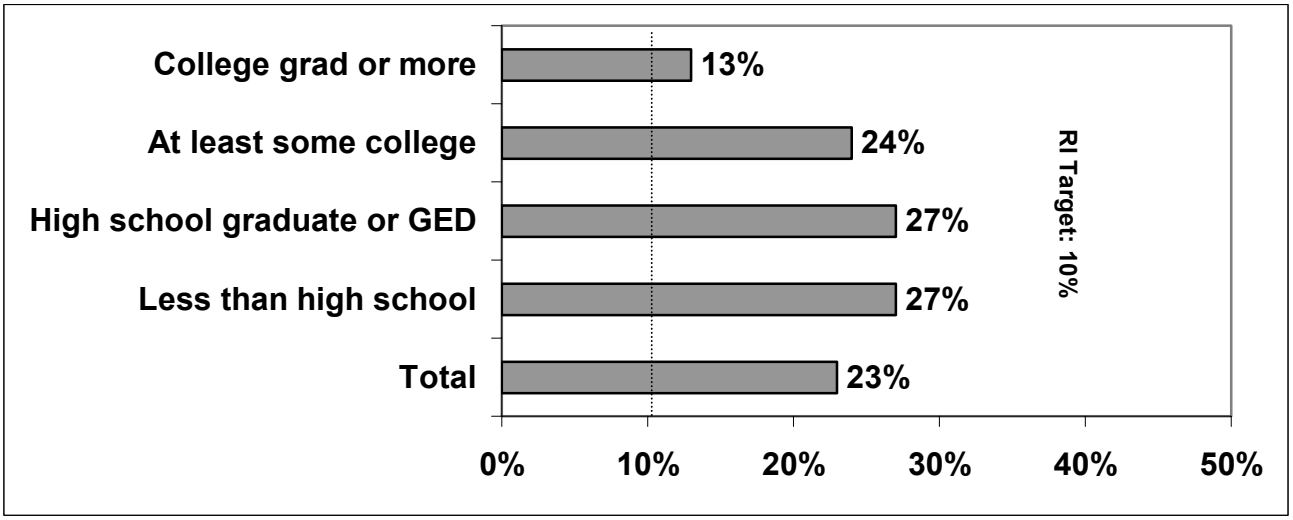
Baseline data show that the overall adult smoking rate is 23%. The Rhode Island target is to reduce the percent of adults who smoke cigarettes to 10% by the year 2010. The data indicate that the percent of Rhode Island residents who smoke decreases as income increases. For instance, 14% of those who earn $75,000 or more annually smoke versus 29% of those who earn less than $25,000 per year. Despite the apparent trend, Rhode Island residents in all annual income groups need to stop smoking to reach the established target.

*Data available for adults age 18 and older

TOBACCO USE

ADULTS- EDUCATION

HRI Objective 3-1. Reduce cigarette smoking by adults.*
(Healthy People 2010 Objective 27-1a)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

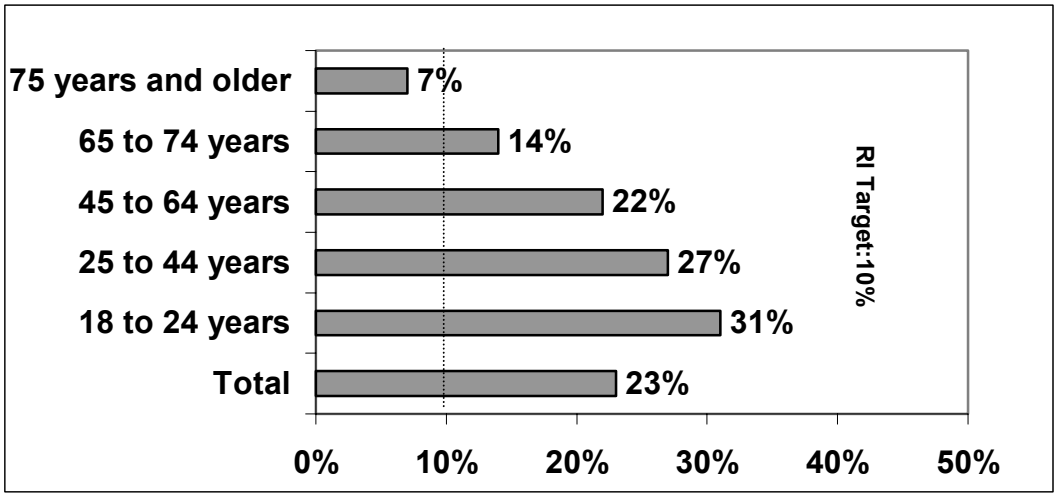
Baseline data show that the overall adult smoking rate is 23%. The Rhode Island target is to reduce the percentage of adults who smoke cigarettes to 10% by the year 2010. The available data suggest that fewer Rhode Islanders with a college degree or more (13%) smoke than those with some college (24%), a high school degree or GED (27%) or less than a high school degree (27%). Regardless of their level of education, all Rhode Island residents have an opportunity to decrease smoking rates and reach the 2010 target.

*Educational figures are for adults 25 and older based on CDC specifications regarding those adults who most likely to have completed their education.

TOBACCO USE

ADULTS- AGE

HRI Objective 3-1. Reduce cigarette smoking by adults.*
(Healthy People 2010 Objective 27-1a)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

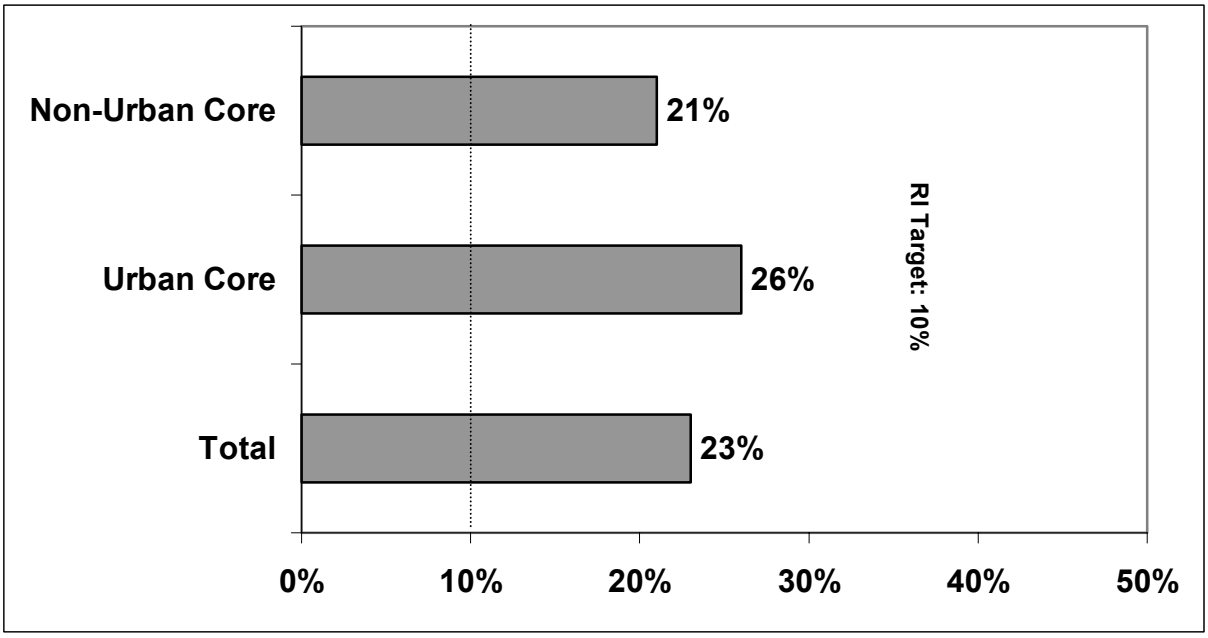
Baseline data show that the overall adult smoking rate is 23%. The Rhode Island target is to reduce the percent of adults who smoke cigarettes to 10% by the year 2010. The data suggest that rates of smoking decrease as the age of residents increases. For instance, 7% of residents 75 years and older smoke whereas 31% of those 18 to 24 years old smoke. The state's oldest residents meet the 2010 objective whereas those 65 and younger have an opportunity to decrease their rates of smoking to meet the target.

*Data available for adults age 18 and older

TOBACCO USE

ADULTS- GEOGRAPHIC LOCATION

HRI Objective 3-1. Reduce cigarette smoking by adults.*
(Healthy People 2010 Objective 27-1a)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

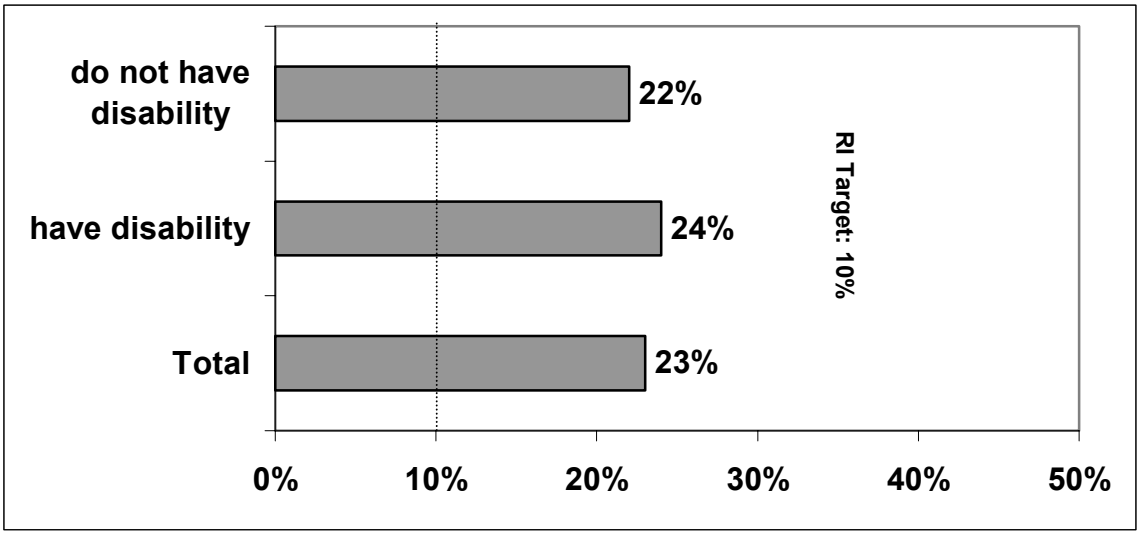
Baseline data show that the overall adult smoking rate is 23%. The Rhode Island target is to reduce the percent of adults who smoke cigarettes to 10% by the year 2010. The data show that more residents in the state's urban core (Central Falls, Newport, Pawtucket, Providence, and Woonsocket) smoke than those who live outside the state's urban areas (26% versus 21%, respectively). Regardless of where Rhode Island residents live, there is an opportunity for them to decrease their rates of smoking to achieve the 2010 target.

*Data available for adults age 18 and older

TOBACCO USE

ADULTS- DISABILITY STATUS

HRI Objective 3-1. Reduce cigarette smoking by adults*.
(Healthy People 2010 Objective 27-1a)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

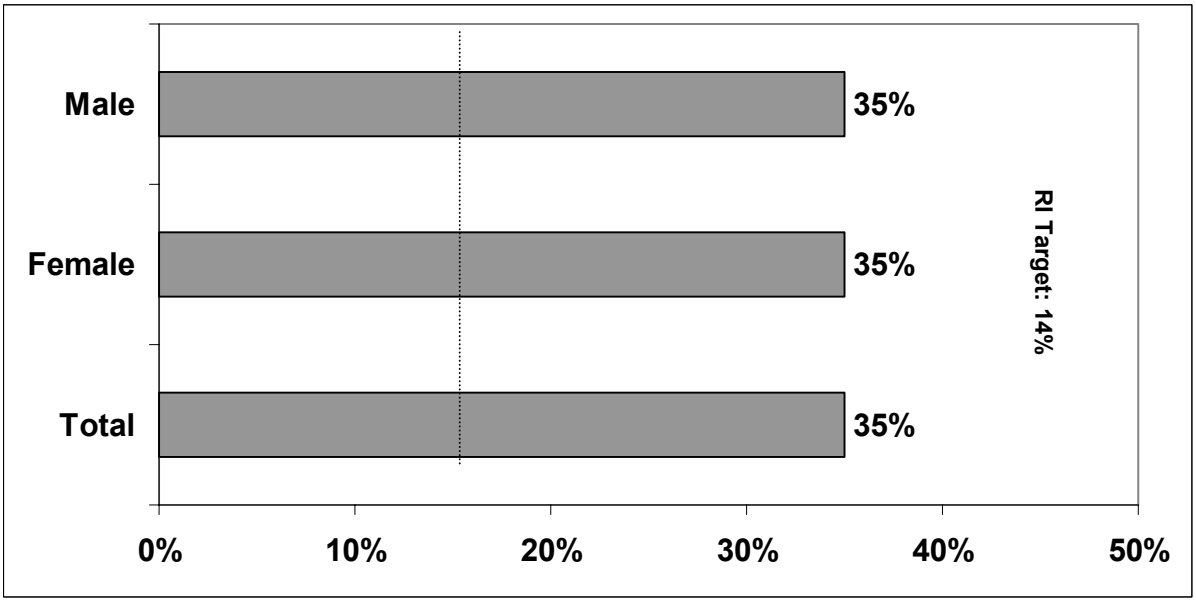
Baseline data show that the overall adult smoking rate is 23%. The Rhode Island target is to reduce the percent of adults who smoke cigarettes to 10% by the year 2010. Fewer residents who do not have a disability smoke (22%) than those who have a disability (24%). Both groups have an opportunity to reduce their rates of smoking to achieve the 2010 target.

*Data available for adults age 18 and older

TOBACCO USE

ADOLESCENTS- GENDER

HRI Objective 3-2. Reduce cigarette smoking by adolescents.*
(Healthy People 2010 Objective 27-2b)



SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH

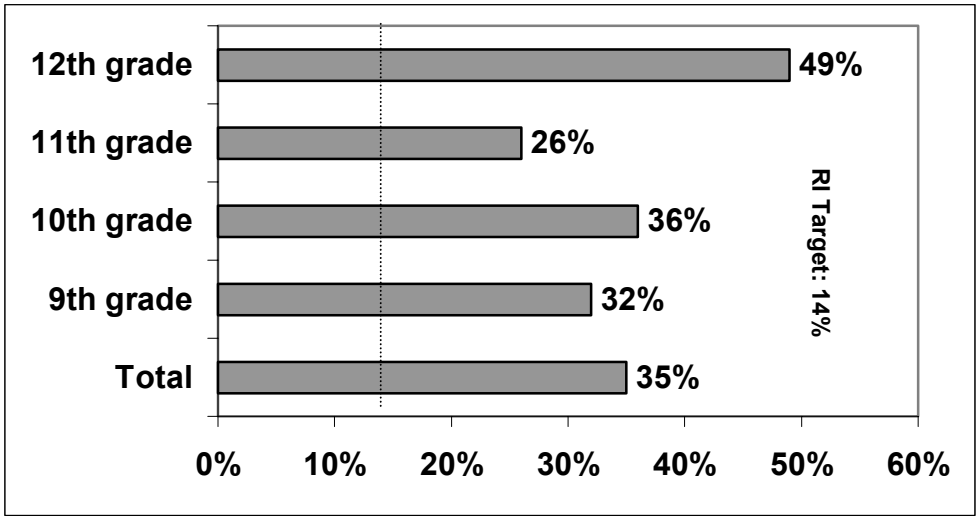
Baseline data from the YRBS show that the rate of cigarette smoking among Rhode Island adolescents is 35%. The 2010 target is to reduce the percent of adolescents who smoke to 14%. The baseline rates of smoking among Rhode Island's female and male adolescents are the same. Both groups will have to reduce their rates of smoking to reach the 2010 target for adolescent smoking.

*Data available for adolescents, grades 9-12.

TOBACCO USE

ADOLESCENTS- HIGH SCHOOL GRADE

HRI Objective 3-2. Reduce cigarette smoking by adolescents.*
(Healthy People 2010 Objective 27-1a)



SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH

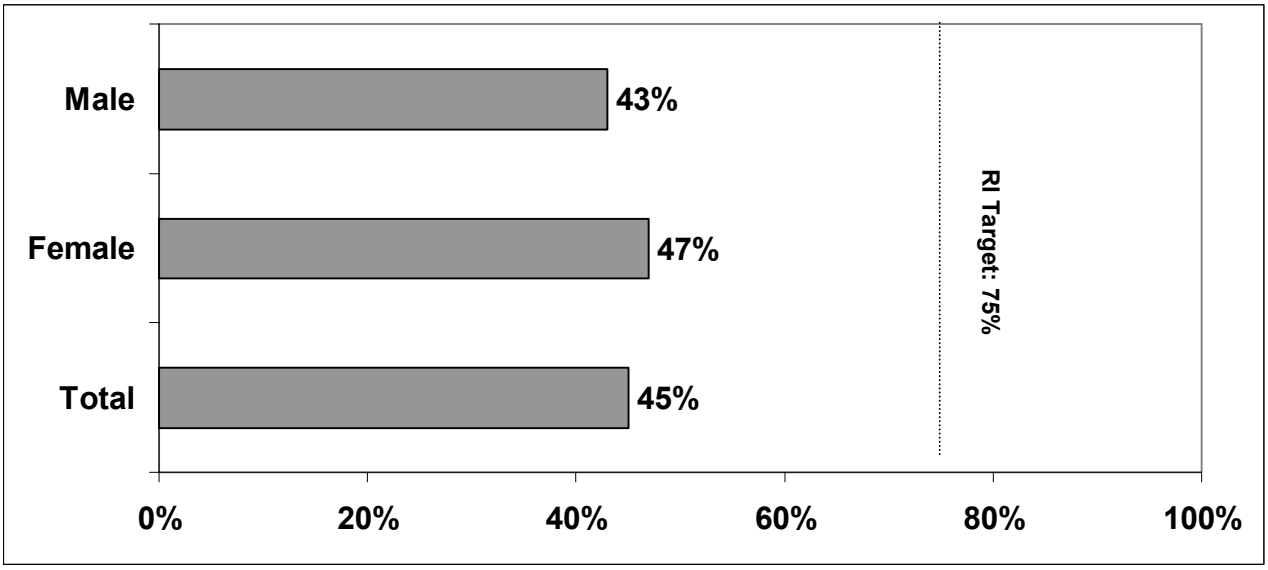
Baseline data from the YRBS show that the rate of cigarette smoking among Rhode Island adolescents is 35%. The 2010 target is to reduce the percent of adolescents who smoke to 14%. More 12th grade students smoke (49%) than those in the lower grades. The lowest rate of adolescent smoking is among 11th graders (26%). Reductions in smoking among all adolescents, regardless of their grade in high school, must occur to reach the 2010 target.

*Data available for adolescents, grades 9-12.

SUBSTANCE ABUSE

ADOLESCENTS- GENDER

HRI Objective 4-1. Increase the proportion of adolescents* *not* using alcohol or any illicit drugs during the past 30 days.
(Healthy People Objective 26-10a)



SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH

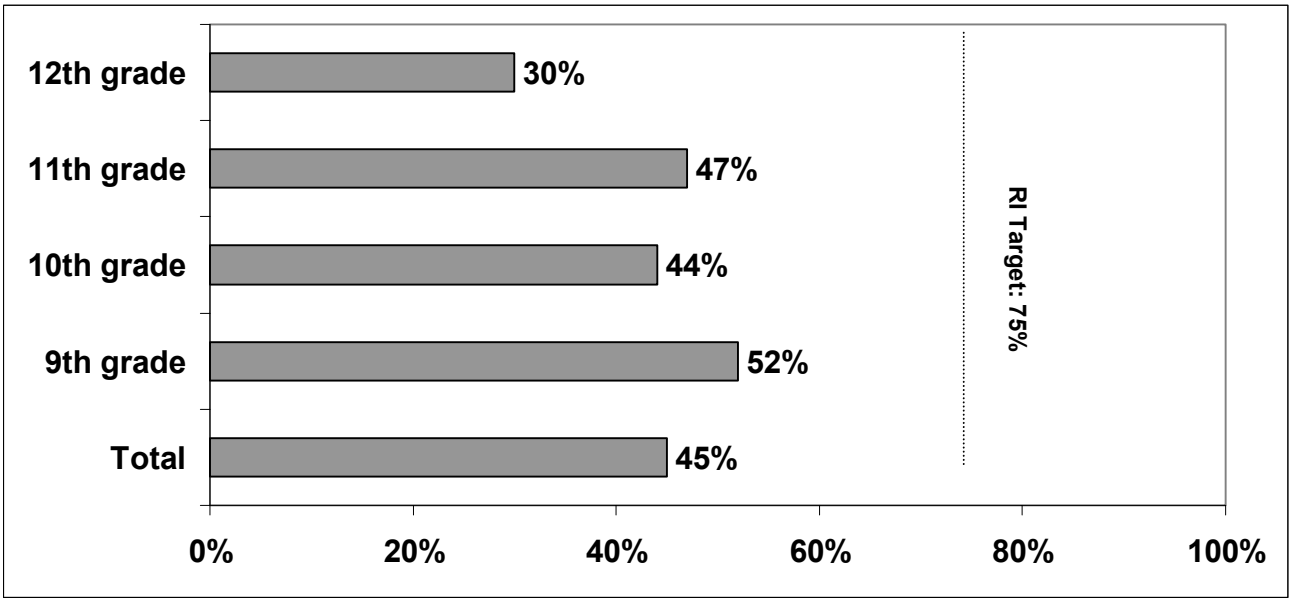
Based on the most recent data, 45% of Rhode Island adolescents in general did ***not*** use alcohol, marijuana, or cocaine in the month prior to participating in the YRBS. The target for this objective is to increase the proportion of youth that are ***not*** using alcohol or illicit drugs to 75%. Slightly more female adolescents (47%) reported not using alcohol or illicit drugs in the past month than adolescent males (43%). Reductions in alcohol and illicit drug use will be necessary for both groups in order to meet the 2010 target.

*Data available for adolescents, grades 9-12.

SUBSTANCE ABUSE

ADOLESCENTS- HIGH SCHOOL GRADE

HRI Objective 4-1. Increase the proportion of adolescents* *not* using alcohol or any illicit drugs during the past 30 days.
(Healthy People Objective 26-10a)



SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH

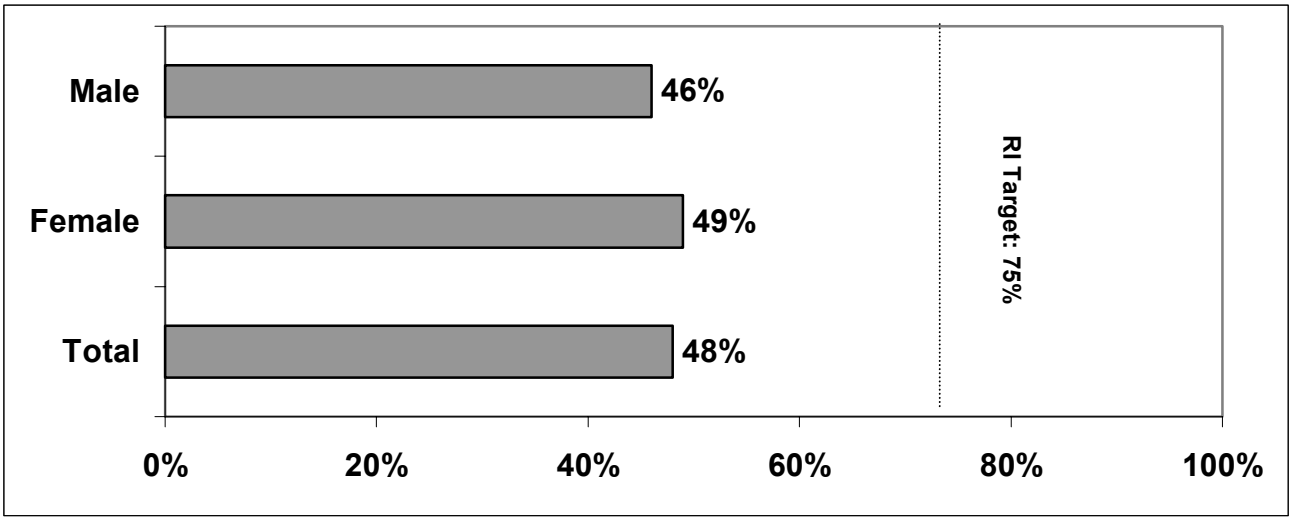
Based on the most recent data, 45% of Rhode Island adolescents in general did ***not*** use alcohol, marijuana, or cocaine in the month prior to participating in the YRBS. The target for this objective is to increase the proportion of youth that are ***not*** using alcohol or illicit drugs to 75%. Adolescents in the 9th grade reported the highest rates of non-use of alcohol and illicit drugs (52%) followed by 11th graders among whom 47% reported that they had not used alcohol or illicit drugs in the past month. Based on their reports, 12th graders had the highest rate of alcohol and drug use within the last month as only 30% reported non-use. All adolescents, regardless of their grade in high school, will have to reduce their use of alcohol and illicit drugs before the 2010 target can be met for this objective.

*Data available for adolescents, grades 9-12.

SUBSTANCE ABUSE

ADOLESCENTS- ALCOHOL- GENDER

HRI Objective 4-1, 10a Part 1. Increase the proportion of adolescents* who report no alcohol use in the past 30 days.
(Healthy People Objective 26-10a)



SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH

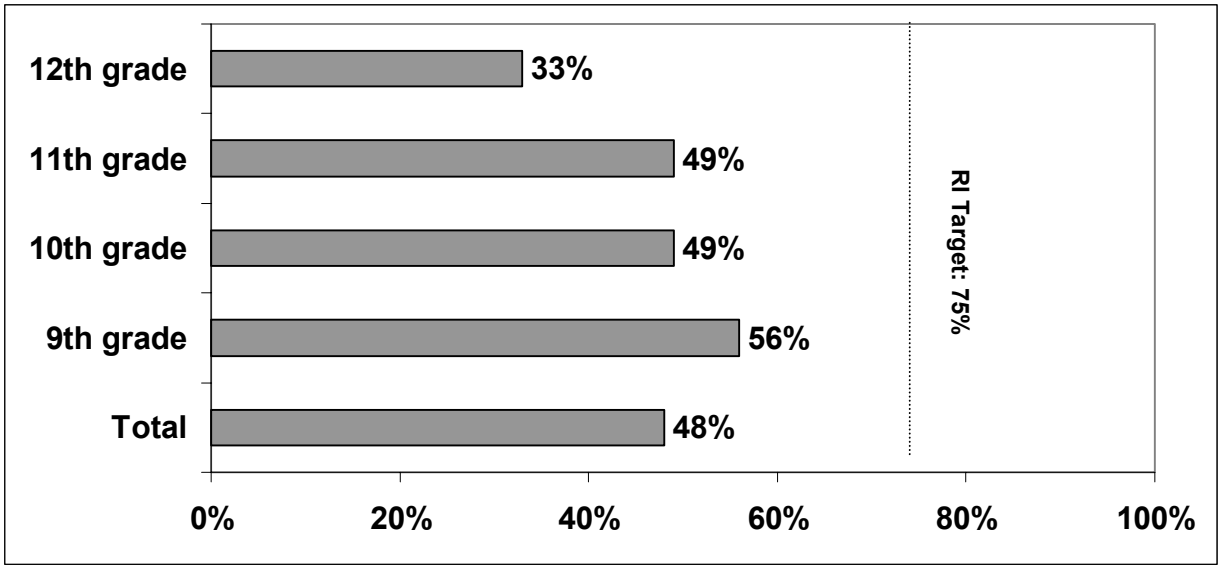
Based on the most recent data, 48% of Rhode Island adolescents in general did ***not*** use alcohol in the month prior to participating in the YRBS. The target for this objective is to increase the proportion of youth that are ***not*** using alcohol to 75%. Based on the available data, 49% of adolescent females reported no alcohol use in the past 30 days versus 46% of adolescent males. Regardless of gender, Rhode Island adolescents will have to reduce their rates of alcohol consumption in order to reach the 2010 target for this objective.

*Data available for adolescents, grades 9-12.

SUBSTANCE ABUSE

ADOLESCENTS- ALCOHOL- HIGH SCHOOL GRADE

HRI Objective 4-1, 10a Part 1. Increase the proportion of adolescents* who report no alcohol use in the past 30 days.
(Healthy People Objective 26-10a)



SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH

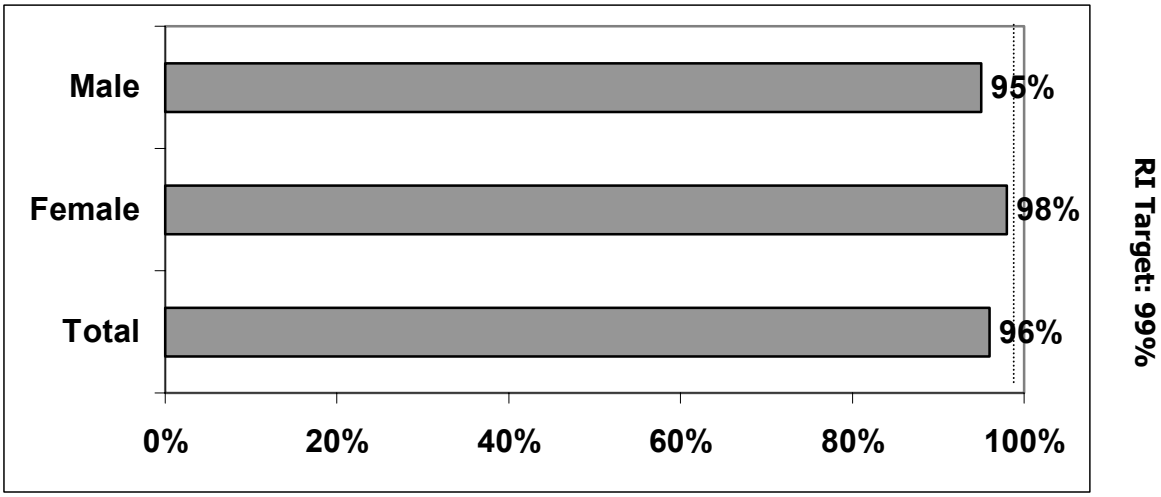
Based on the most recent data, 48% of Rhode Island adolescents in general did ***not*** use alcohol in the month prior to participating in the YRBS. The target for this objective is to increase the proportion of youth that are ***not*** using alcohol to 75%. Adolescents in the 9th grade reported the highest rates of non-use of alcohol (56%) followed by 10th and 11th graders among whom 49% reported that they had not used alcohol in the past month. Based on their reports, 12th graders had the highest rate of alcohol use within the last month as only 33% reported non-use. All adolescents, regardless of their grade in high school, will have to reduce their use of alcohol and illicit drugs before the 2010 target can be met for this objective.

*Data available for adolescents, grades 9-12.

SUBSTANCE ABUSE

ADOLESCENTS- COCAINE- GENDER

HRI Objective 4-1, 10a Part 2. Increase the proportion of adolescents* who report no cocaine use in the past 30 days.
(Healthy People Objective 26-10a)



SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH

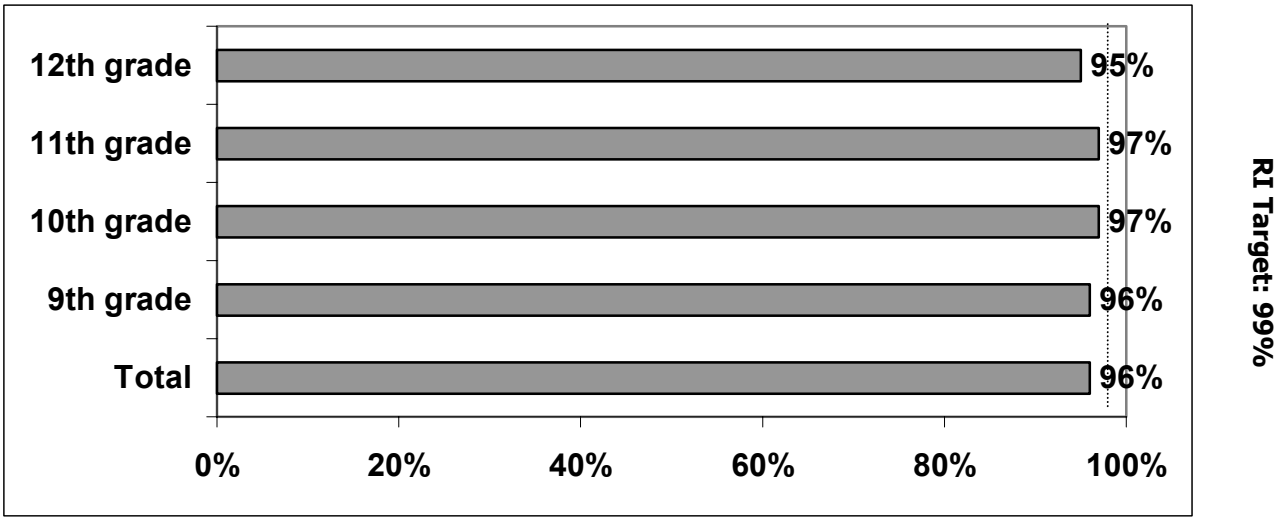
Based on the most recent data, 96% of Rhode Island adolescents in general did ***not*** use cocaine in the month prior to participating in the YRBS. The target for this objective is to increase the proportion of youth that are ***not*** using cocaine to 99%. Among female adolescents, 98% report no use of cocaine in the previous month compared to 95% of males. Additional reductions in adolescent cocaine use among both gender groups will be necessary to meet the 2010 target.

*Data available for adolescents, grades 9-12.

SUBSTANCE ABUSE

ADOLESCENTS- COCAINE- HIGH SCHOOL GRADE

HRI Objective 4-1, 10a Part 2. Increase the proportion of adolescents* who report no cocaine use in the past 30 days.
(Healthy People Objective 26-10a)



SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH

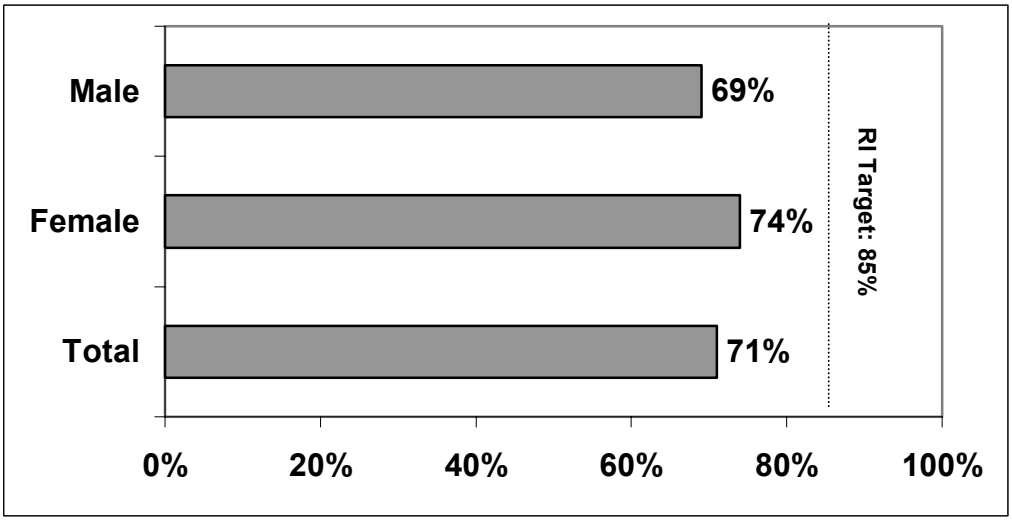
Based on the most recent data, 96% of Rhode Island adolescents in general did ***not*** use cocaine in the month prior to participating in the YRBS. The target for this objective is to increase the proportion of youth that are ***not*** using cocaine to 99%. The highest reports of non-use were among 10th and 11th graders (97%) followed by 9th graders (96%) and 12th graders (95%). Additional reductions in adolescent cocaine use, among adolescents in all high school grades, will be necessary to meet the 2010 target.

*Data available for adolescents, grades 9-12.

SUBSTANCE ABUSE

ADOLESCENTS- MARIJUANA- GENDER

HRI Objective 4-1, 10a Part 3. Increase the proportion of adolescents* who report no marijuana use in the past 30 days.
(Healthy People Objective 26-10a)



SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH

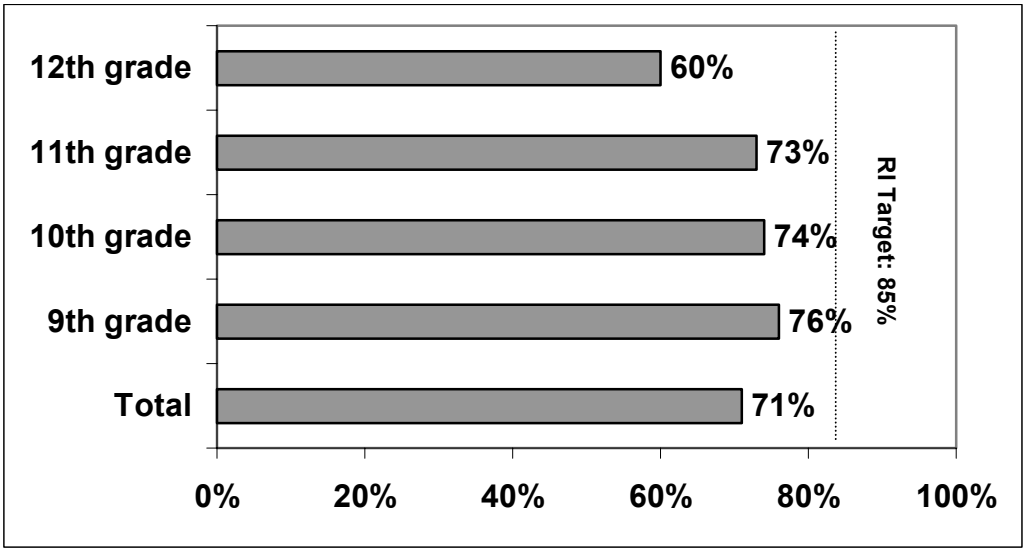
Based on the most recent data, 71% of Rhode Island adolescents in general did ***not*** use marijuana in the month prior to participating in the YRBS. The target for this objective is to increase the proportion of youth that are ***not*** using marijuana to 85%. The most recent data suggest that 74% of adolescent females and 69% of adolescent males did not use marijuana in the month prior to participating in the survey. Further reductions in marijuana use by both females and males will be necessary to meet the 2010 target for this objective.

*Data available for adolescents, grades 9-12.

SUBSTANCE ABUSE

ADOLESCENTS- MARIJUANA- HIGH SCHOOL GRADE

HRI Objective 4-1, 10a Part 3. Increase the proportion of adolescents* who report no marijuana use in the past 30 days.
(Healthy People Objective 26-10a)



SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH

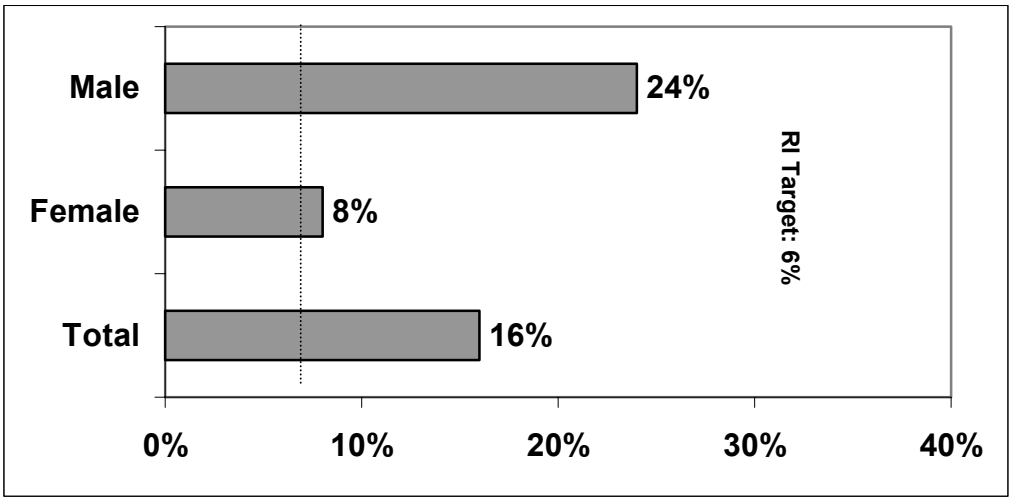
Based on the most recent data, 71% of Rhode Island adolescents in general did ***not*** use marijuana in the month prior to participating in the YRBS. The target for this objective is to increase the proportion of youth that are ***not*** using marijuana to 85%. More 9th graders (76%) report non-use of marijuana in the past month than their 10th grade (74%) and 11th grade (73%) counterparts. Adolescents in the 12th grade report the lowest rates of non-use of marijuana among Rhode Island adolescents (60%). Further reductions in marijuana use across all grades of adolescents will be necessary to reach the 2010 objective.

*Data available for adolescents, grades 9-12.

SUBSTANCE ABUSE

ADULTS- BINGE DRINKING- GENDER

HRI Objective 4-3. Reduce binge drinking by adults* in the past 30 days.
(Healthy People Objective 26-11c)



SOURCE: 1999 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

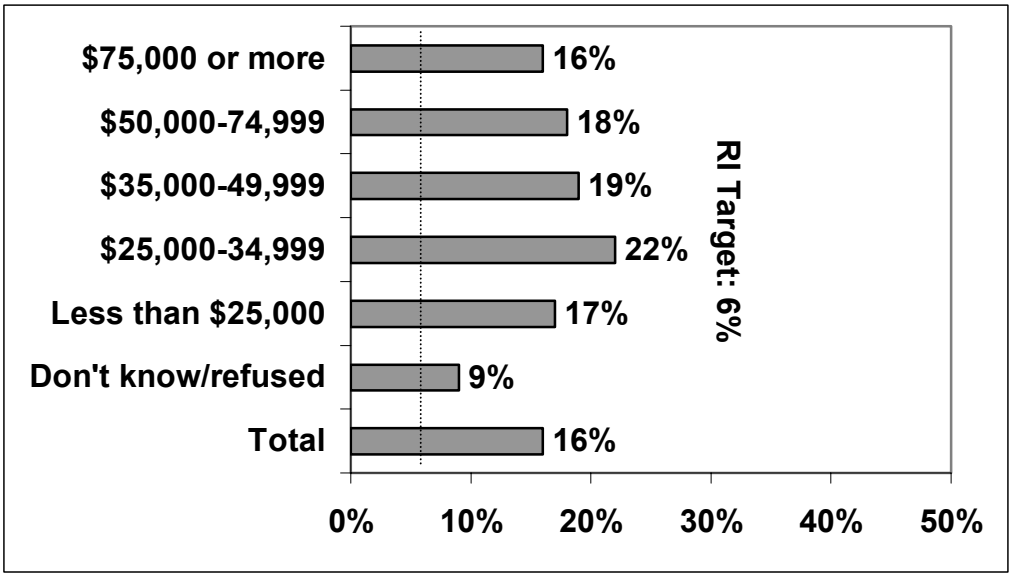
The overall rate of binge drinking by adults in Rhode Island is 16%. The target for 2010 is a reduction to 6%. Binge drinking among Rhode Island females aged 18 and older within the past month is 8% versus 24% among Rhode Island men in the same age range. Although Rhode Island women still have to reduce their binge drinking rates to achieve the 2010 objective, binge drinking among Rhode Island men will have to be reduced substantially more if the target of 6% is to be reached.

*Data available for adults age 18 years and older

SUBSTANCE ABUSE

ADULTS- BINGE DRINKING- INCOME

HRI Objective 4-3. Reduce binge drinking by adults* in the past 30 days. (Healthy People Objective 26-11c)



Note: Percentages for "don't know/refused" excluded from analyses for all disparities except household income because of the large number of respondents who did not provide data about household income.

SOURCE: 1999 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

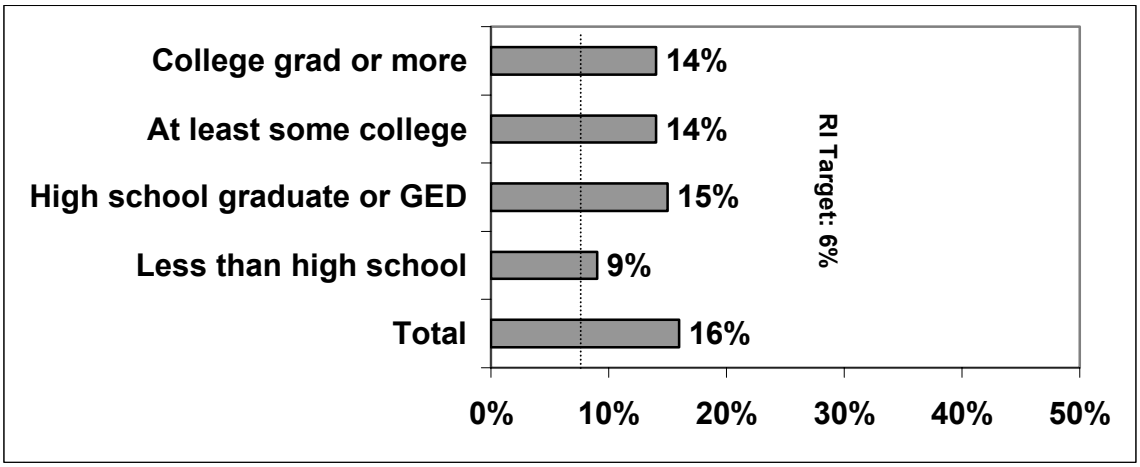
The overall rate of binge drinking by adults in Rhode Island is 16%. The target for 2010 is a reduction to 6%. Binge drinking in the past month was highest among those in the $25,000-$34,999 income group at 22%. Those in the highest income group ($75,000 or more) had the lowest rate of binge drinking at 16%. All Rhode Island adults will have to reduce their binge drinking if the 2010 target of 6% is to be achieved.

*Data available for adults age 18 years and older

SUBSTANCE ABUSE

ADULTS- BINGE DRINKING- EDUCATION

HRI Objective 4-3. Reduce binge drinking by adults* in the past 30 days.
(Healthy People Objective 26-11c)



SOURCE: 1999 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

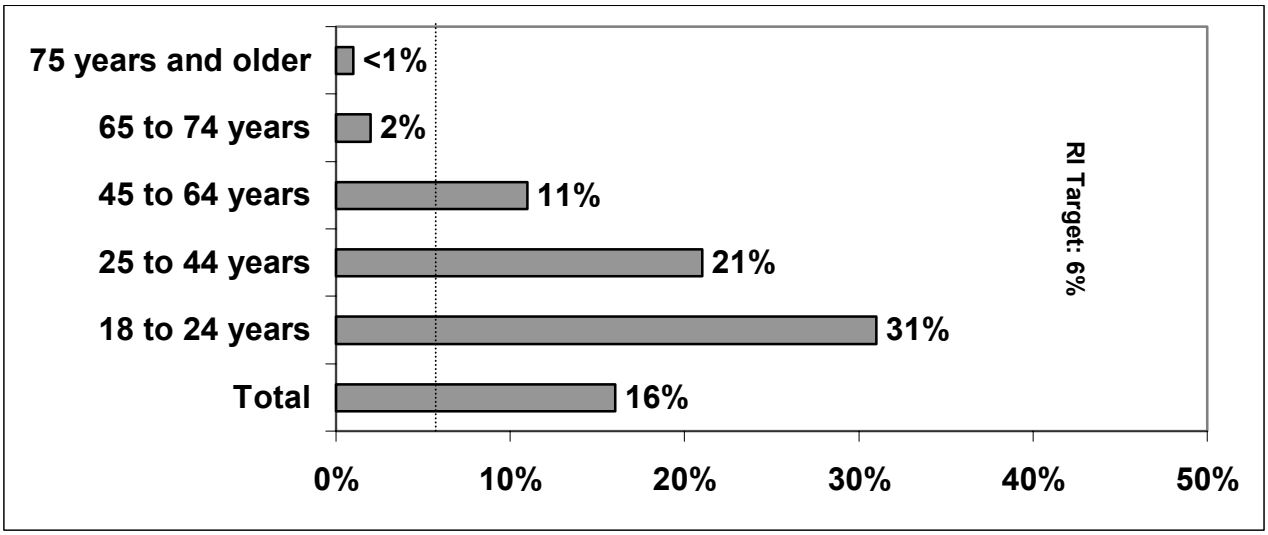
The overall rate of binge drinking by adults in Rhode Island is 16%. The target for 2010 is a reduction to 6%. Rhode Island residents with less than a high school degree have the lowest rates of binge drinking compared to those who have a high school degree or GED (15%), at least some college (14%) and a college degree or more (14%). All Rhode Island adults, regardless of their level of education, will have to reduce their binge drinking if the 2010 target is to be met.

*Educational figures are for adults 25 and older based on CDC specifications regarding those adults who most likely to have completed their education.

SUBSTANCE ABUSE

ADULTS- BINGE DRINKING- AGE

HRI Objective 4-3. Reduce binge drinking by adults* in the past 30 days.
(Healthy People Objective 26-11c)



SOURCE: 1999 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

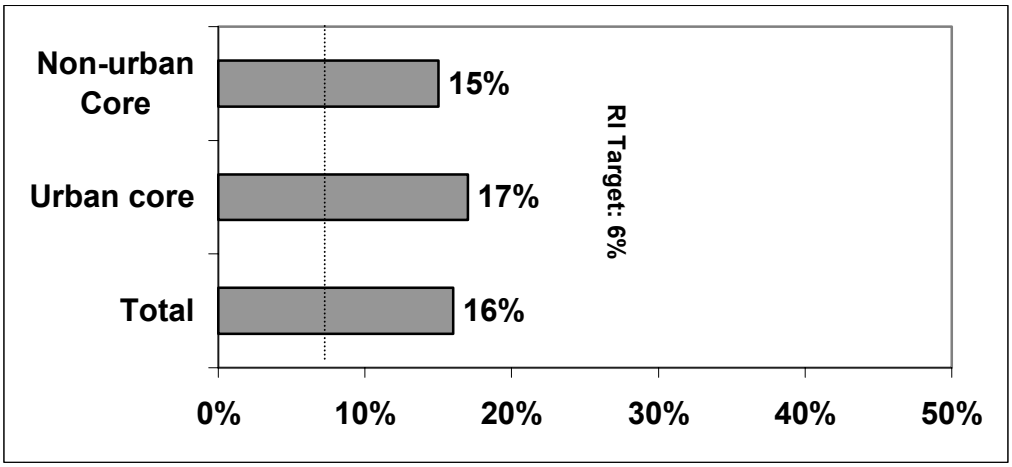
The overall rate of binge drinking by adults in Rhode Island is 16%. The target for 2010 is a reduction to 6%. The lowest rates of binge drinking are among Rhode Island adults aged 75 and older (<1%) and 65 to 74 years (2%). These groups have already exceeded the 2010 target. Those who will have to reduce their binge drinking if the target is to be met are those 64 years and younger, whose rates are 31% for adults aged 18 to 24, 21% for those aged 25 to 44, and 11% for those aged 45 to 64 years.

*Data available for adults age 18 years and older

SUBSTANCE ABUSE

ADULTS- BINGE DRINKING- GEOGRAPHIC LOCATION

HRI Objective 4-3. Reduce binge drinking by adults* in the past 30 days.
(Healthy People Objective 26-11c)



SOURCE: 1999 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

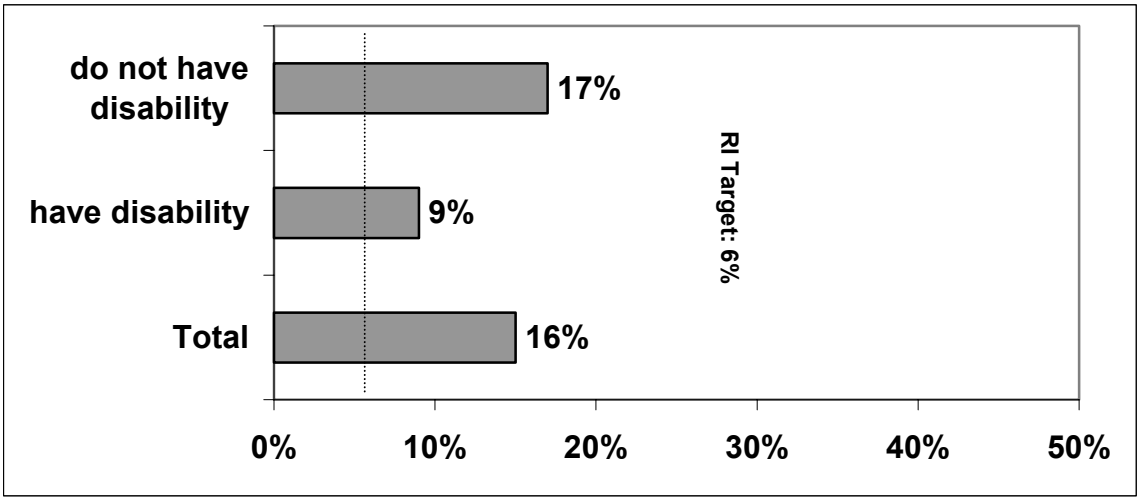
The overall rate of binge drinking by adults in Rhode Island is 16%. The target for 2010 is a reduction to 6%. Among Rhode Island residents living in the state's urban core (Central Falls, Newport, Pawtucket, and Providence), binge drinking rates over the past month were 17% whereas binge drinking among those in non-urban areas is 15%. Both groups need to reduce their binge drinking if the 2010 target is to be accomplished.

*Data available for adults age 18 years and older

SUBSTANCE ABUSE

ADULTS- BINGE DRINKING- DISABILITY STATUS

HRI Objective 4-3. Reduce binge drinking by adults* in the past 30 days.
(Healthy People Objective 26-11c)



SOURCE: 1999 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

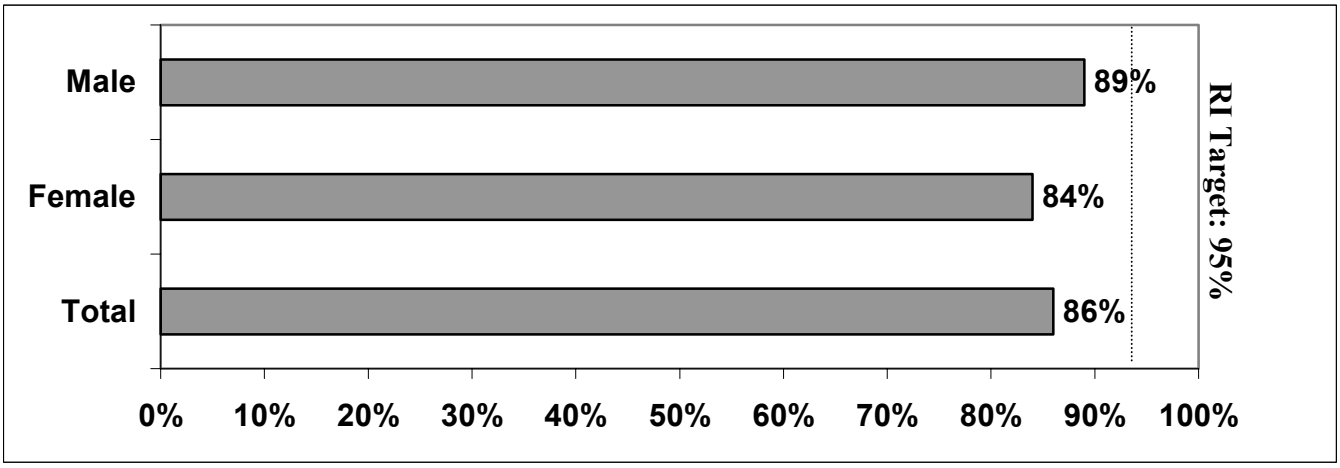
The overall rate of binge drinking by adults in Rhode Island is 16%. The target for 2010 is a reduction to 6%. Rhode Island residents who have a disability reported 9% binge drinking rates over the past month whereas residents without a disability have a binge drinking rate of 17%. Although binge drinking by those without disabilities exceeds that of residents who have a disability, both groups need to reduce their binge drinking if the 2010 target is to be achieved.

*Data available for adults age 18 years and older.

RESPONSIBLE SEXUAL BEHAVIOR

ADOLESCENTS- GENDER

HRI Objective 5-1. Increase the proportion of adolescents* who have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse.
(Healthy People 2010 Objective 25-11).



SOURCE: 1997 Youth Risk Behavior Survey

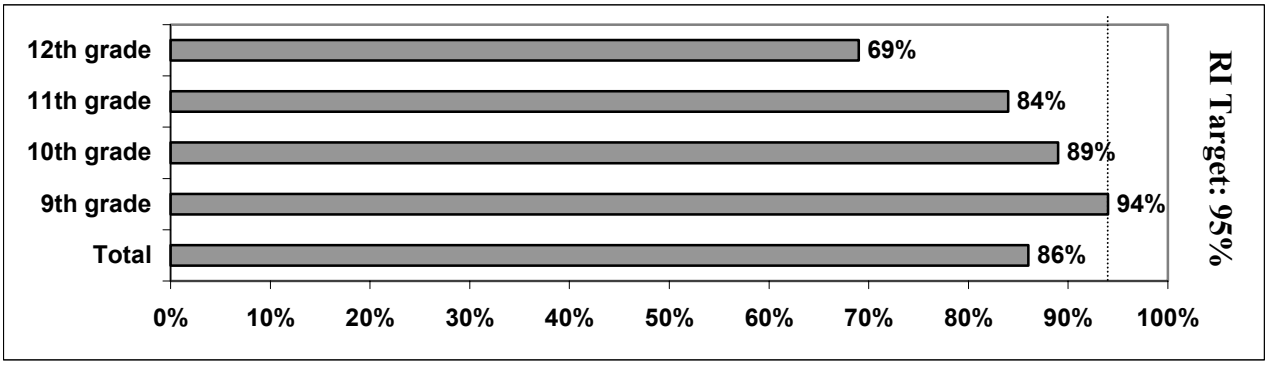
Overall, 86% of adolescents have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse. Baseline data suggest that 89% of male adolescents and 84% of female adolescents have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse. The 2010 target is to increase those figures to 95%. Increases in the number of males and females who have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse will be necessary to reach the 2010 target.

*Data available for adolescents, grades 9-12.

RESPONSIBLE SEXUAL BEHAVIOR

ADOLESCENTS- HIGH SCHOOL GRADE

HRI Objective 5-1. Increase the proportion of adolescents* who have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse .
(Healthy People 2010 Objective 25-11).



SOURCE: 1997 Youth Risk Behavior Survey

Overall, 86% of adolescents have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse. Baseline data suggest that the number of adolescents who have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse decreases with age. For instance, 94% of 9th grade students report that they have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse whereas fewer 10th (89%), 11th (84%) and 12th grade (69%) graders report that they have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse. The 2010 target is to increase those figures to 95%. Although increases in the number of adolescents reporting that they have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse will be necessary among all students at all grade levels to reach the 2010 target, those in the later grades are particularly at risk.

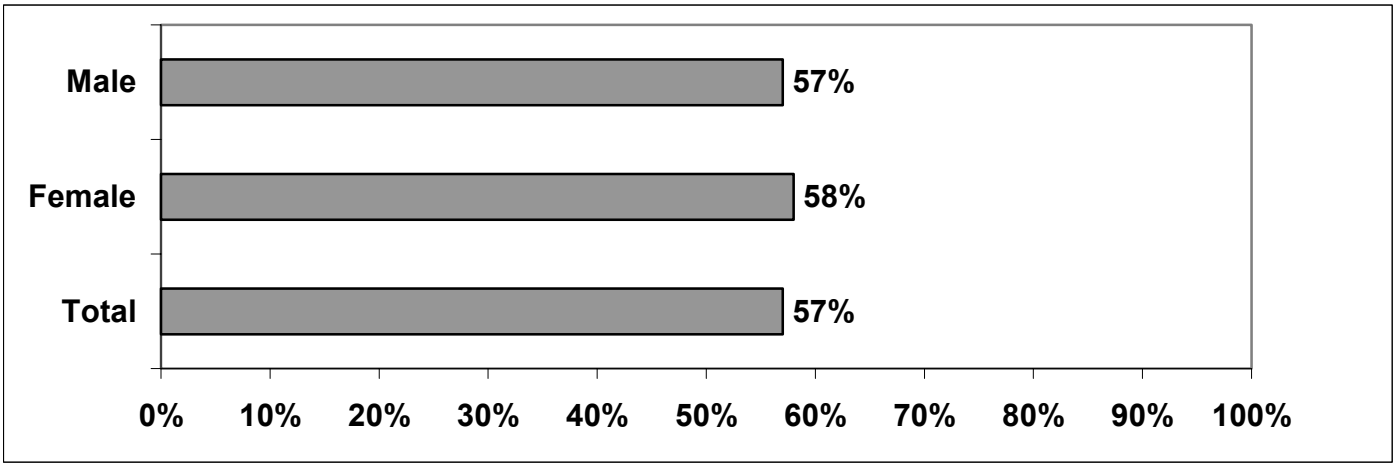
*Data available for adolescents, grades 9-12.

RESPONSIBLE SEXUAL BEHAVIOR

ADOLESCENTS- NEVER HAD SEXUAL INTERCOURSE-GENDER

HRI Objective 5-1. Increase the proportion of adolescents* who have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse.
(Healthy People 2010 Objective 25-11).

a. Never had sexual intercourse



SOURCE: 1997 Youth Risk Behavior Survey

Overall, 57% of adolescents have never had sexual intercourse. Baseline data suggest that 57% of male adolescents and 58% of female adolescents have never had sexual intercourse.

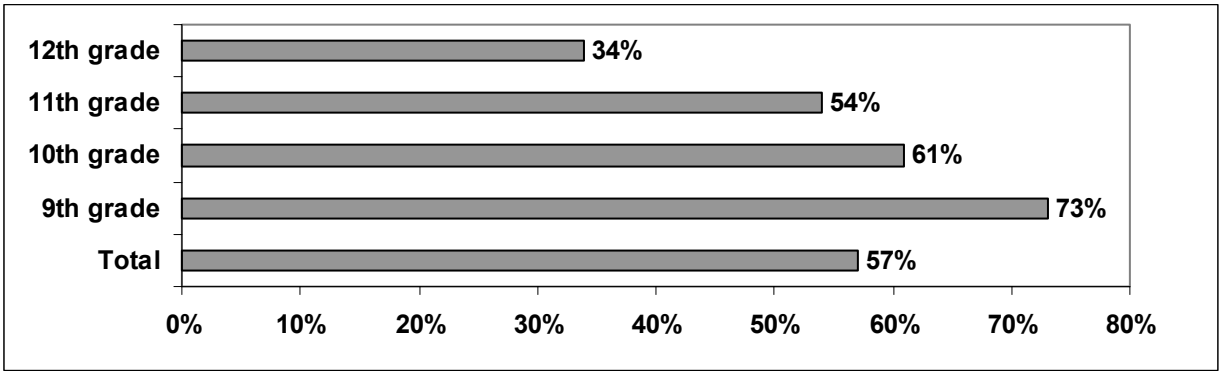
*Data available for adolescents, grades 9-12.

RESPONSIBLE SEXUAL BEHAVIOR

ADOLESCENTS- NEVER HAD SEXUAL INTERCOURSE- HIGH SCHOOL GRADE

HRI Objective 5-1. Increase the proportion of adolescents* who have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse.
(Healthy People 2010 Objective 25-11).

a. Never had sexual intercourse



SOURCE: 1997 Youth Risk Behavior Survey

Overall, 57% of adolescents have never had sexual intercourse. Baseline data suggest that the number of adolescents who have never had sexual intercourse decreases with age. For instance, 73% of 9th grade students report that they have never had sexual intercourse whereas fewer 10th (61%), 11th (54%) and 12th (34%) graders report that they have never had sexual intercourse.

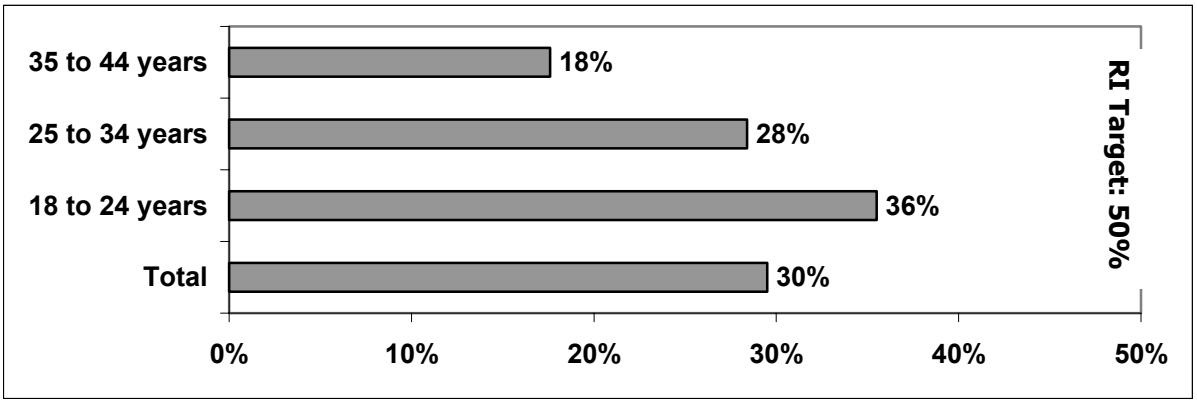
*Data available for adolescents, grades 9-12.

RESPONSIBLE SEXUAL BEHAVIOR

SEXUALLY ACTIVE ADULT FEMALES - AGE

HRI Objective 5-2. Increase the proportion of unmarried sexually active persons who use condoms.

HRI Objective 5-2a. Increase the proportion of unmarried sexually active adult females who use condoms*.
(Healthy People 2010 Objective 13-6a).



SOURCE: 2002 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

Baseline data indicate that 30% of sexually active, unmarried Rhode Island female adults did not use condoms during their last episode of sexual intercourse. Condom use among sexually active, unmarried female adults decreases with age. Whereas 36% of 18 to 24 year olds used condoms the last time they had sexual intercourse, fewer 25 to 34 year olds (28%) and 35 to 44 year olds (18%) did. The 2010 target is to have 50% of sexually active, unmarried Rhode Island female adults reporting that they use condoms.

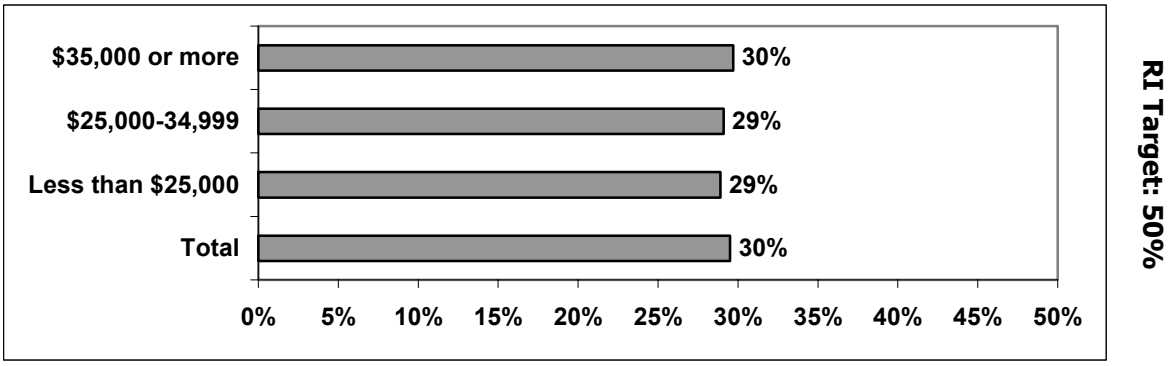
*Data available for a sample of 421 sexually active, unmarried, adult females, between the ages of 18-44.

RESPONSIBLE SEXUAL BEHAVIOR

SEXUALLY ACTIVE ADULT FEMALES - HOUSEHOLD INCOME

HRI Objective 5-2. Increase the proportion of unmarried sexually active persons who use condoms.

HRI Objective 5-2a. Increase the proportion of unmarried sexually active adult females who use condoms*.
(Healthy People 2010 Objective 13-6a).



SOURCE: 2002 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

Baseline data indicate that 30% of sexually active, unmarried Rhode Island female adults did not use condoms during their last episode of sexual intercourse. Only slightly more of those who earn an annual income of $35,000 (30%) than those who earn $25,000-34,999 (29%) and those who earn less than $25,000 (29%) reported that they used a condom during their last intercourse. The 2010 target is to have 50% of sexually active, unmarried Rhode Island female adults reporting that they use condoms.

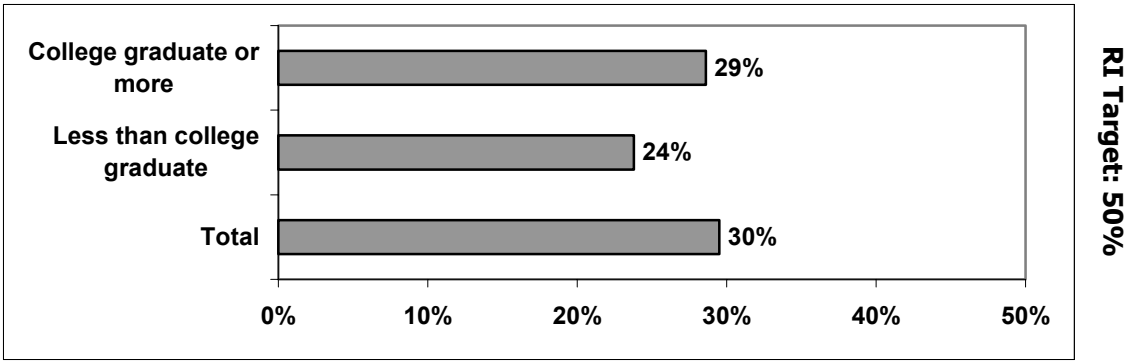
*Data available for a sample of 421 sexually active, unmarried, adult females, between the ages of 18-44.

RESPONSIBLE SEXUAL BEHAVIOR

SEXUALLY ACTIVE ADULT FEMALES – EDUCATION LEVEL

HRI Objective 5-2. Increase the proportion of unmarried sexually active persons who use condoms.

HRI Objective 5-2a. Increase the proportion of unmarried sexually active adult females who use condoms*.
(Healthy People 2010 Objective 13-6a).



SOURCE: 2002 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

Baseline data indicate that 30% of sexually active, unmarried Rhode Island female adults did not use condoms during their last episode of sexual intercourse. More women who have a college degree or more (29%) reported condom use than those with less than a college degree (28%). The 2010 target is to have 50% of sexually active, unmarried Rhode Island female adults reporting that they use condoms.

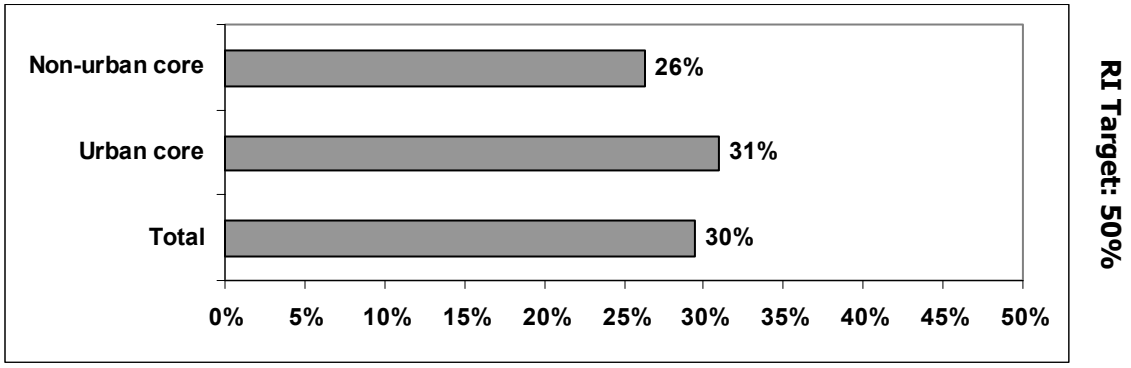
*Data reported for women between the ages of 25 and 44, those who most likely to have completed their education.

RESPONSIBLE SEXUAL BEHAVIOR

SEXUALLY ACTIVE ADULT FEMALES - GEOGRAPHIC LOCATION

HRI Objective 5-2. Increase the proportion of unmarried sexually active persons who use condoms.

HRI Objective 5-2a. Increase the proportion of unmarried sexually active adult females who use condoms*.
(Healthy People 2010 Objective 13-6a).



SOURCE: 2002 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

Baseline data indicate that 30% of sexually active, unmarried Rhode Island female adults did not use condoms during their last episode of sexual intercourse. More of those who living in the state's urban core (31%) reported use of a condom the last time they had intercourse than those who live outside of it (26%). The 2010 target is to have 50% of sexually active, unmarried Rhode Island female adults reporting that they use condoms.

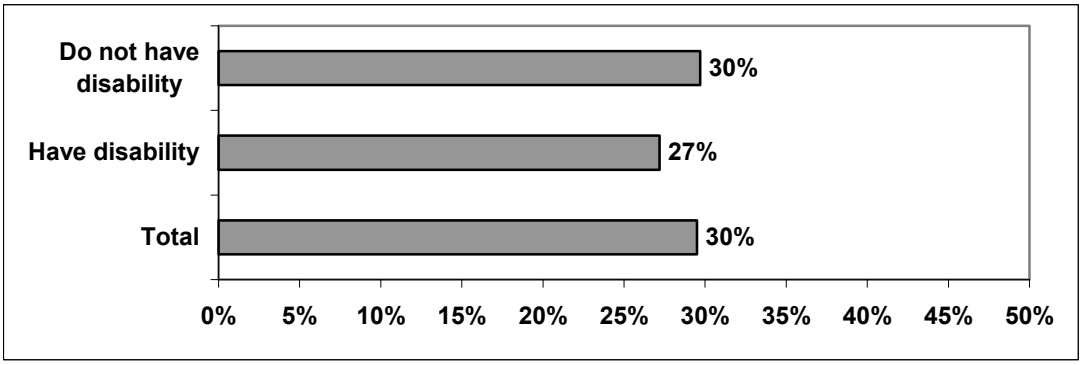
*Data available for a sample of 421 sexually active, unmarried, adult females, between the ages of 18-44.

RESPONSIBLE SEXUAL BEHAVIOR

SEXUALLY ACTIVE ADULT FEMALES - DISABILITY

HRI Objective 5-2. Increase the proportion of unmarried sexually active persons who use condoms.

HRI Objective 5-2a. Increase the proportion of unmarried sexually active adult females who use condoms*.
(Healthy People 2010 Objective 13-6a).



SOURCE: 2002 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

Baseline data indicate that 30% of sexually active, unmarried Rhode Island female adults did not use condoms during their last episode of sexual intercourse. More of those who do not have a disability (30%) reported condom use the last time they had intercourse than those who have a disability (27%). The 2010 target is to have 50% of sexually active, unmarried Rhode Island female adults reporting that they use condoms.

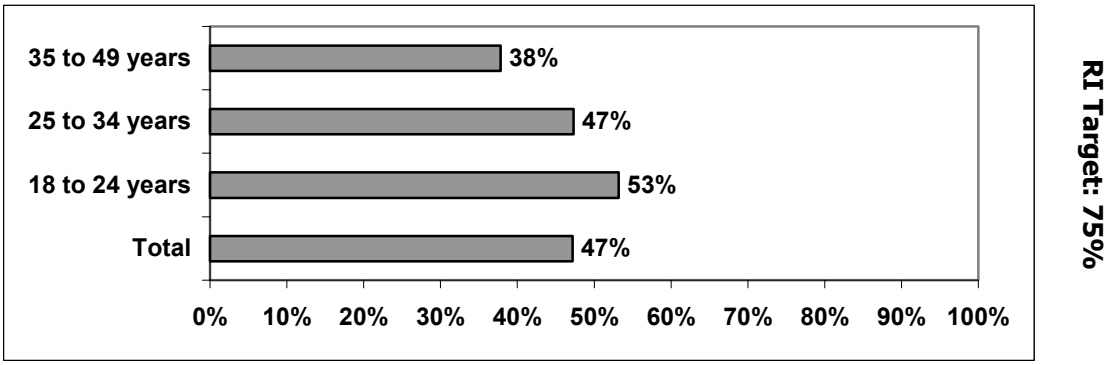
*Data available for a sample of 421 sexually active, unmarried, adult females, between the ages of 18-44.

RESPONSIBLE SEXUAL BEHAVIOR

SEXUALLY ACTIVE ADULT MALES - AGE

HRI Objective 5-2. Increase the proportion of unmarried sexually active persons who use condoms.

HRI Objective 5-2b. Increase the proportion of unmarried sexually active adult males who use condoms*.
(Healthy People 2010 Objective 13-6b).



SOURCE: 2002 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

Baseline data indicate that 47% of sexually active, unmarried Rhode Island male adults did not use condoms during their last episode of sexual intercourse. Condom use among sexually active, unmarried male adults decreases with age. Whereas 53% of 18 to 24 year olds used condoms the last time they had sexual intercourse, fewer 25 to 34 year olds (47%) and 35 to 49 year olds (38%) did. The 2010 target is to have 75% of sexually active, unmarried Rhode Island male adults reporting that they use condoms.

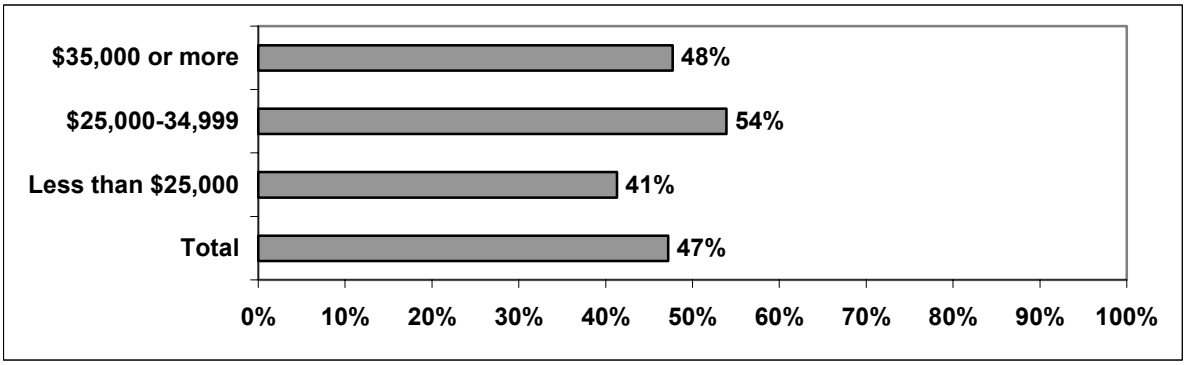
*Data available for a sample of 287 sexually active, unmarried, adult males, between the ages of 18-49.

RESPONSIBLE SEXUAL BEHAVIOR

SEXUALLY ACTIVE ADULT MALES - HOUSEHOLD INCOME

HRI Objective 5-2. Increase the proportion of unmarried sexually active persons who use condoms.

HRI Objective 5-2b. Increase the proportion of unmarried sexually active adult males who use condoms*.
(Healthy People 2010 Objective 13-6b).



SOURCE: 2002 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

Baseline data indicate that 47% of sexually active, unmarried Rhode Island male adults did not use condoms during their last episode of sexual intercourse. More of those who earn an annual income of $25,000 to 34,999 (54%) reported use of a condom the last time they had intercourse than those who earn less than $25,000 (41%) and $35,000 or more (48%). The 2010 target is to have 75% of sexually active, unmarried Rhode Island male adults reporting that they use condoms.

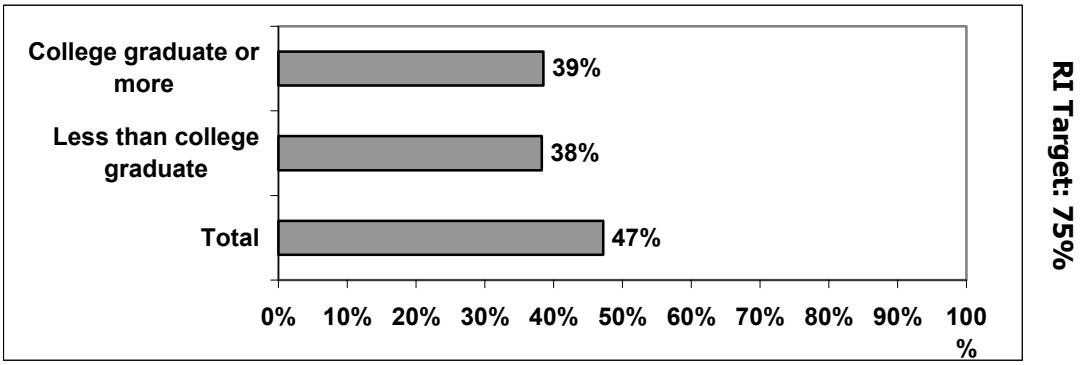
*Data available for a sample of 287 sexually active, unmarried, adult males, between the ages of 18-49.

RESPONSIBLE SEXUAL BEHAVIOR

SEXUALLY ACTIVE ADULT MALES – EDUCATION LEVEL

HRI Objective 5-2. Increase the proportion of unmarried sexually active persons who use condoms.

HRI Objective 5-2b. Increase the proportion of unmarried sexually active adult males who use condoms*.
(Healthy People 2010 Objective 13-6b).



SOURCE: 2002 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

Baseline data indicate that 47% of sexually active, unmarried Rhode Island male adults did not use condoms during their last episode of sexual intercourse. Only slightly more of men who have a college degree or more (39%) used a condom than those with less than a college degree (38%). The 2010 target is to have 75% of sexually active, unmarried Rhode Island male adults reporting that they use condoms.

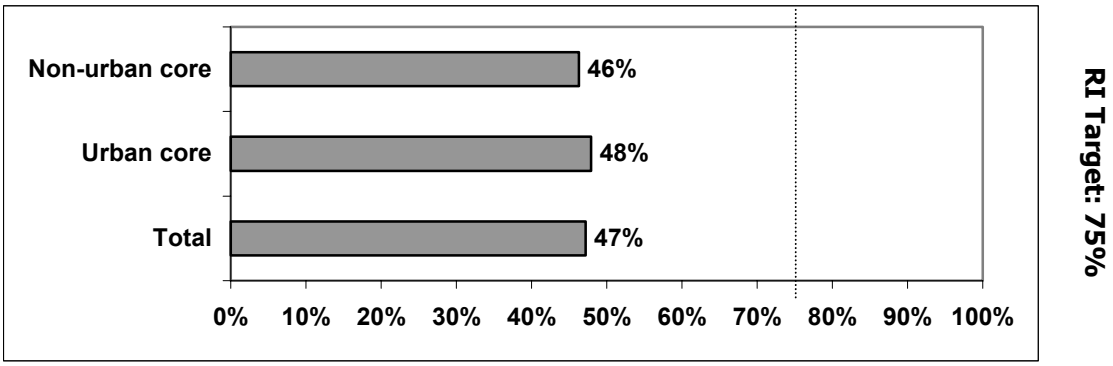
*Data available males age 25 to 49, those most likely to have completed their education.

RESPONSIBLE SEXUAL BEHAVIOR

SEXUALLY ACTIVE ADULT MALES – GEOGRAPHIC LOCATION

HRI Objective 5-2. Increase the proportion of unmarried sexually active persons who use condoms.

HRI Objective 5-2b. Increase the proportion of unmarried sexually active adult males who use condoms*.
(Healthy People 2010 Objective 13-6b).



SOURCE: 2002 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

Baseline data indicate that 47% of sexually active, unmarried Rhode Island male adults did not use condoms during their last episode of sexual intercourse. Slightly more of those who living in the state's urban core (48%) reported use of a condom the last time they had intercourse than those who live outside of it (46%). The 2010 target is to have 75% of sexually active, unmarried Rhode Island male adults reporting that they use condoms.

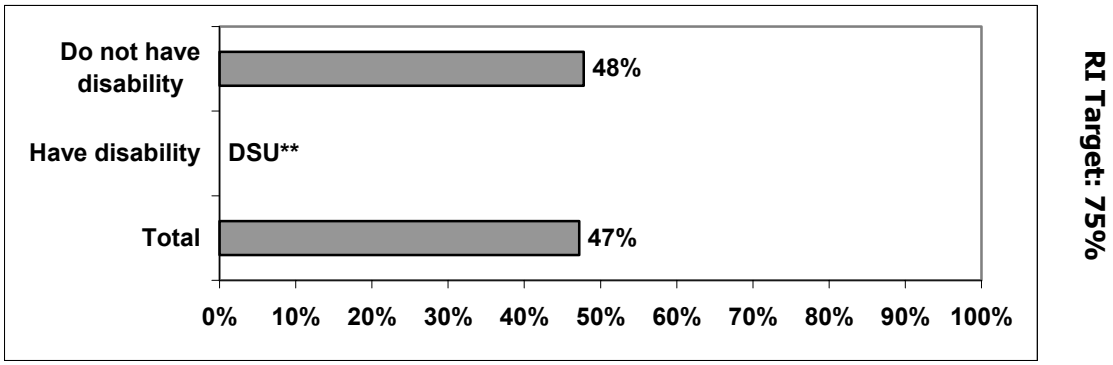
*Data available for a sample of 287 sexually active, unmarried, adult males, between the ages of 18-49.

RESPONSIBLE SEXUAL BEHAVIOR

SEXUALLY ACTIVE ADULT MALES - DISABILITY

HRI Objective 5-2. Increase the proportion of unmarried sexually active persons who use condoms.

HRI Objective 5-2b. Increase the proportion of unmarried sexually active adult males who use condoms*.
(Healthy People 2010 Objective 13-6b).



SOURCE: 2002 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH.

Baseline data indicate that 47% of sexually active, unmarried Rhode Island male adults did not use condoms during their last episode of sexual intercourse. 48% of adults who do not have a disability reported condom use the last time they had intercourse. The 2010 target is to have 75% of sexually active, unmarried Rhode Island male adults reporting that they use condoms.

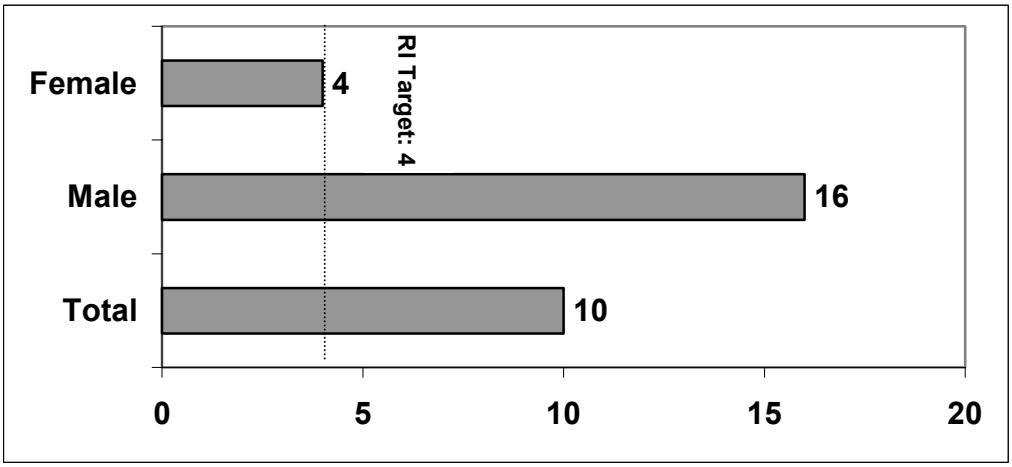
*Data available for a sample of 287 sexually active, unmarried, adult males, between the ages of 18-49.

**Data are statistically unreliable and therefore not reported.

MENTAL HEALTH

SUICIDE- GENDER

HRI Objective 6-2: Reduce the suicide rate.
(Healthy People 2010 Objective 18-1.)



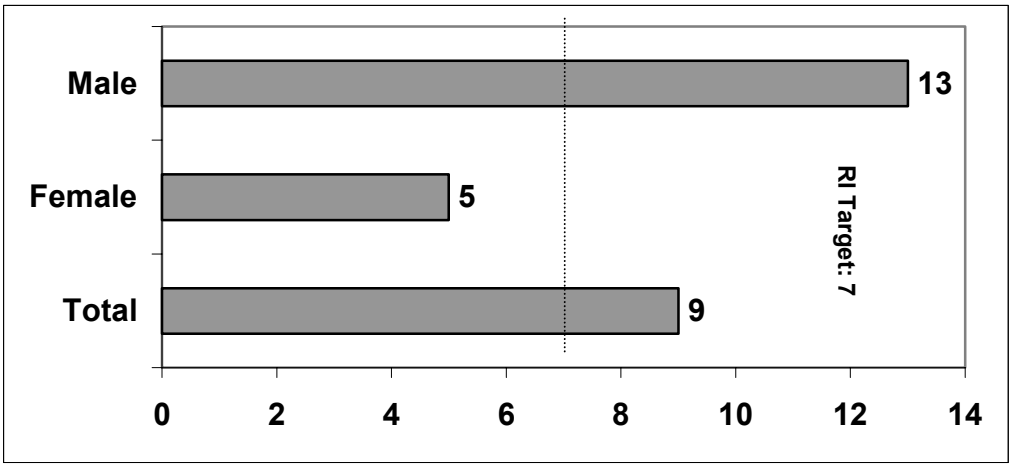
SOURCE: 1999 Vital Records, Division of Family Health, HEALTH.

The overall suicide rate in Rhode Island is 10 suicides per 100,000 people. The 2010 target is to reduce the rate of suicide to 4 per 100,000 people, a 60% decline. The rate of suicide among Rhode Island females is 4 per 100,000 women. This rate already meets the 2010 target, whereas the suicide rate among males is 16 per 100,000 men. A reduction in male suicides will be necessary to achieve the 2010 target.

INJURY AND VIOLENCE

MOTOR VEHICLE CRASHES- GENDER

HRI Objective 7-1. Reduce deaths caused by motor vehicle crashes.*
(Healthy People 2010 Objective 15-15a)



SOURCE: 1996-1998 National Vital Statistics Systems, CDC, NCHS.

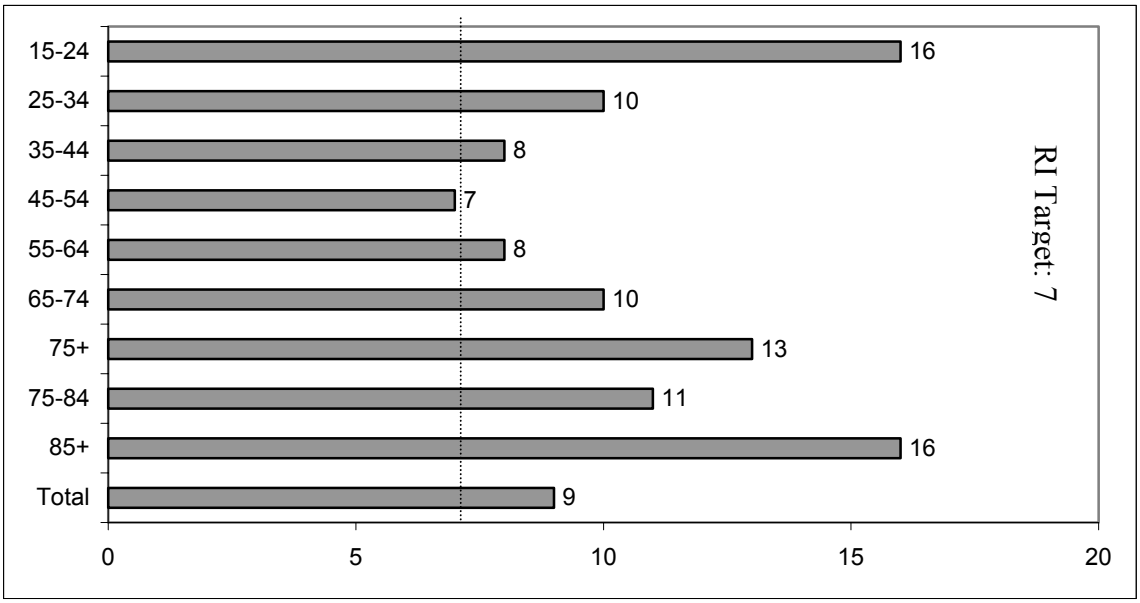
The overall motor vehicle crash death rate in Rhode Island is 9 per 100,000 people. The 2010 target is to reduce the rate of deaths caused by motor vehicle crashes to 7 per 100,000 people, a 16% decline. The rate of deaths among Rhode Island females is 5 per 100,000 women. This rate already meets the 2010 target, whereas the rate deaths due to motor vehicle crashes in males is 13 per 100,000 men. A reduction in deaths of males due to motor vehicle crashes will be necessary to achieve the 2010 target.

*Data are age-adjusted to the 2000 standard population

INJURY AND VIOLENCE

MOTOR VEHICLE CRASHES- AGE

HRI Objective 7-1. Reduce deaths caused by motor vehicle crashes.
(Healthy People 2010 Objective 15-15a)



SOURCE for age data: 1990-1998 National Vital Statistics Systems, CDC, NCHS.

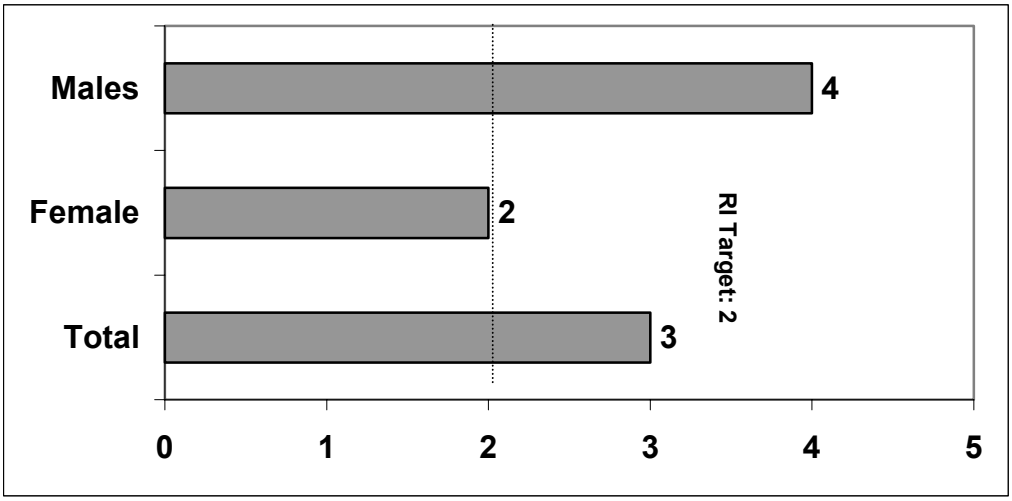
The overall motor vehicle crash death rate in Rhode Island is 9 per 100,000 people. The 2010 target is to reduce the rate of deaths caused by motor vehicle crashes to 7 per 100,000 people, a 16% decline. The only age group that has met the 2010 target is Rhode Islanders aged 45-54. The groups farthest from the target are Rhode Islanders aged 15-24 and 85+. Decreases in the rates of death by motor vehicle crashes in all age groups except 15-24 are needed in order to meet the 2010 targets.

*Data are age-adjusted to the 2000 standard population

INJURY AND VIOLENCE

HOMICIDE- GENDER

HRI Objective 7-2. Reduce homicides.*
(Healthy People 2010 Objective 15-32)



SOURCE: 1996-1998 National Vital Statistics Systems, Centers for Disease Control (CDC), National Center for Health Statistics (NCHS), (CDC WONDER).

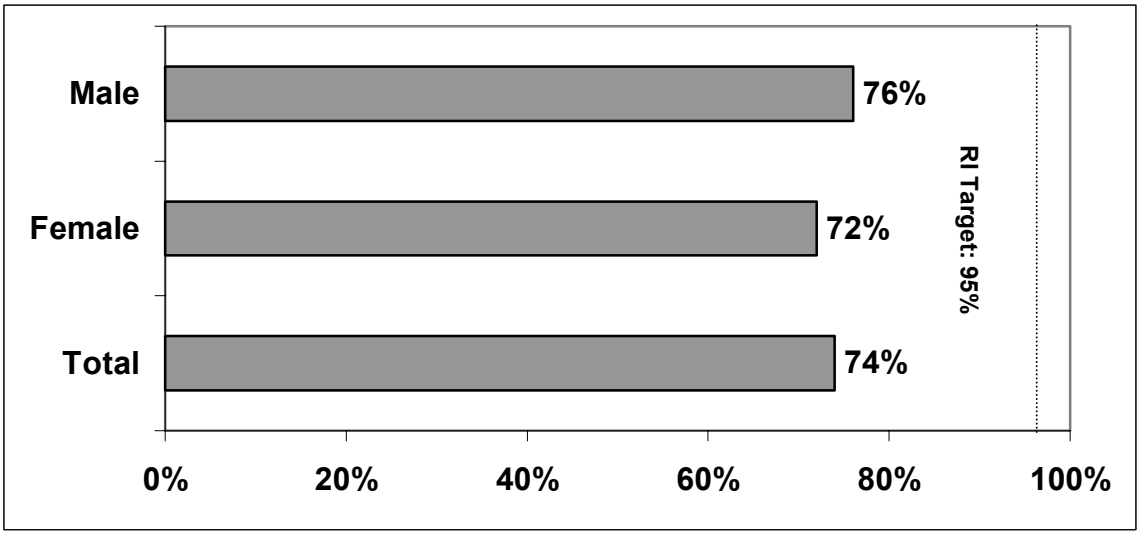
The most recent data show that the overall rate of homicide in Rhode Island is 3 per 100,000 people. The target for reducing homicide is 2 per 100,000 people. The rate of homicides of Rhode Island females is 2 per 100,000 people whereas the rate of homicides of males is 4 per 100,000. In order for the 2010 target to be met, a reduction in homicides of Rhode Island men must be achieved.

*Data are age-adjusted to the 2000 standard population

IMMUNIZATION

SENIORS- INFLUENZA- GENDER

HRI Objective 9-2a. Increase the proportion of adults aged 65 years and older who are vaccinated annually against influenza.
(Healthy People Objective 14-29a)



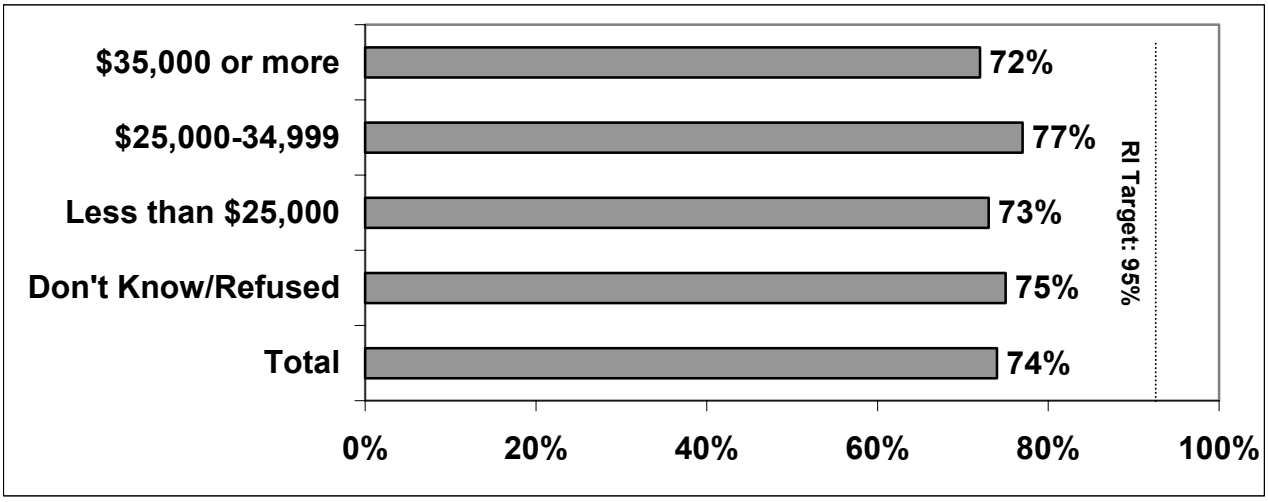
SOURCE: 1998 and 2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

The most recent data available show that overall, 74% of elders in Rhode Island receive an annual influenza vaccination. The 2010 target is that 95% of Rhode Island residents aged 65 and older will receive an annual influenza vaccine. Among Rhode Island females aged 65 and older, 71% receive the annual influenza vaccine whereas 76% of males in the same age group are vaccinated. Increased vaccination rates for both groups will be necessary to reach the 2010 target of 95%.

IMMUNIZATION

SENIORS- INFLUENZA-INCOME

HRI Objective 9-2a. Increase the proportion of adults aged 65 years and older who are vaccinated annually against influenza.
(Healthy People Objective 14-29a)



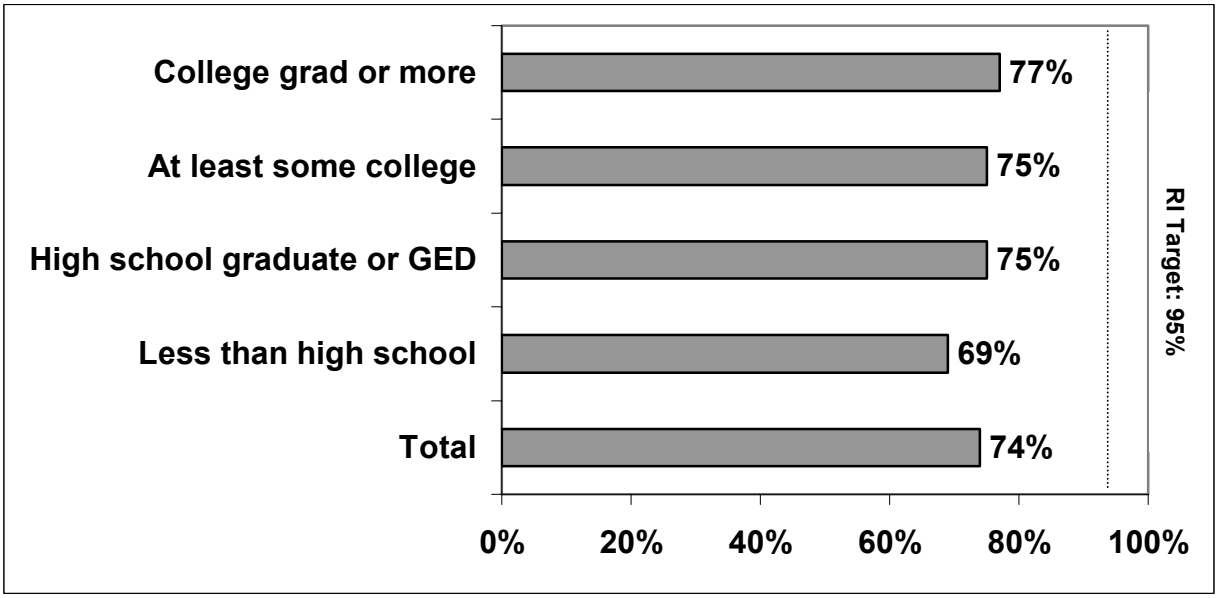
SOURCE: 1998 and 2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

The most recent data available show that overall, 74% of elders in Rhode Island receive an annual influenza vaccination. The 2010 target is that 95% of Rhode Island residents aged 65 and older will receive an annual influenza vaccine. The highest rates of vaccinations are among Rhode Island residents age 65 and older with a household income of $25,000-$34,999 (77%), followed by those with an annual household income of $35,000 (74%), and then those with less than $25,000 annually (73%). Immunizations rates will have to increase for all residents, regardless of household income, to achieve the 2010 target for annual influenza vaccinations.

IMMUNIZATION

SENIORS- INFLUENZA- EDUCATION

HRI Objective 9-2a. Increase the proportion of adults aged 65 years and older who are vaccinated annually against influenza.
(Healthy People Objective 14-29a)



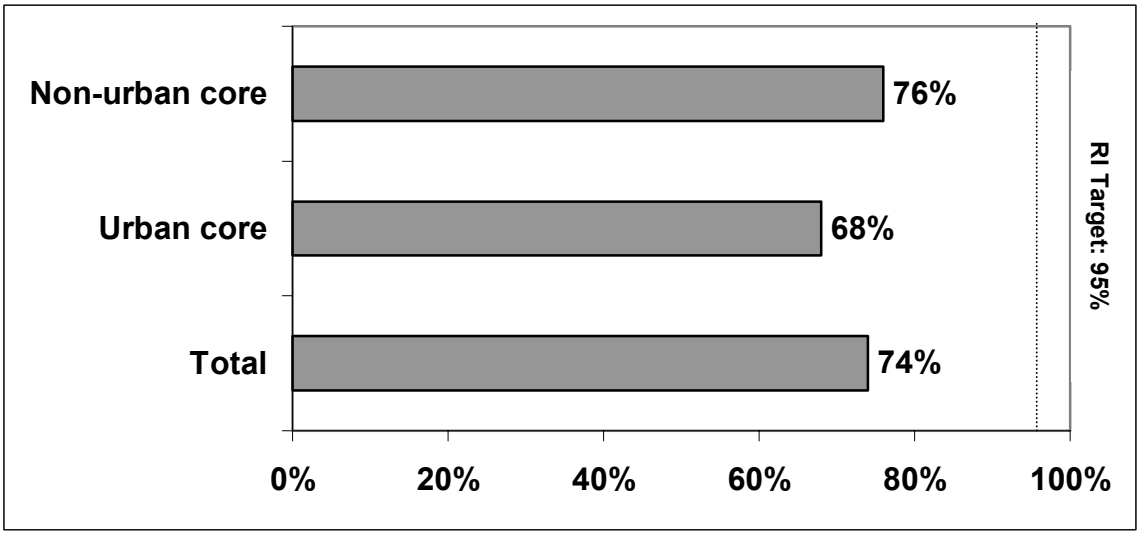
SOURCE: 1998 and 2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

The most recent data available show that overall 74% of elders in Rhode Island receive an annual influenza vaccination. The 2010 target is that 95% of Rhode Island residents aged 65 and older will receive an annual influenza vaccine. Those with a college degree or more had the highest rates of vaccinations at 77%. Those with at least a college degree and those who graduated from high school or who earned a GED had the next highest rates of annual vaccinations against influenza at 75%. Those with less than a high school degree had a vaccination rate of 69%. Regardless of their level of education, rates of annual vaccinations against influenza will have to increase among residents 65 and older to meet the 2010 target.

IMMUNIZATION

SENIORS- INFLUENZA- GEOGRAPHIC LOCATION

HRI Objective 9-2a. Increase the proportion of adults aged 65 years and older who are vaccinated annually against influenza.
(Healthy People Objective 14-29a)



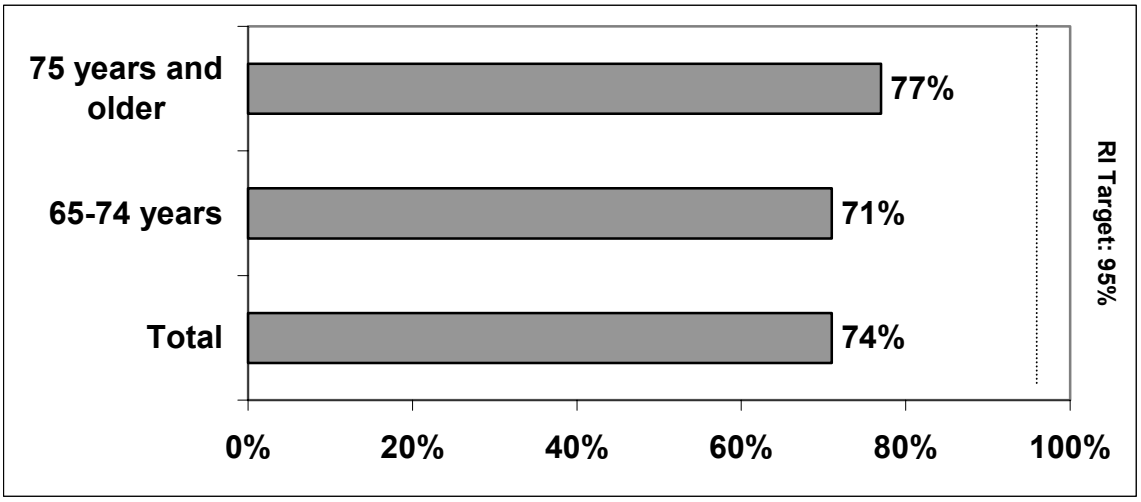
SOURCE: 1998 and 2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

The most recent data available show that overall, 74% of elders in Rhode Island receive an annual influenza vaccination. The 2010 target is that 95% of Rhode Island residents aged 65 and older will receive an annual influenza vaccine. Based on the available data, it appears that more of those living in non-urban areas of the state receive annual influenza vaccines than those living in the urban core (Central Falls, Newport, Pawtucket, Providence, and Woonsocket). Regardless of where they reside, rates of vaccinations among Rhode Island residents aged 65 and older will have to increase to reach the 2010 target of 95%.

IMMUNIZATION

SENIORS- INFLUENZA- AGE

HRI Objective 9-2a. Increase the proportion of adults aged 65 years and older who are vaccinated annually against influenza.
(Healthy People Objective 14-29a)



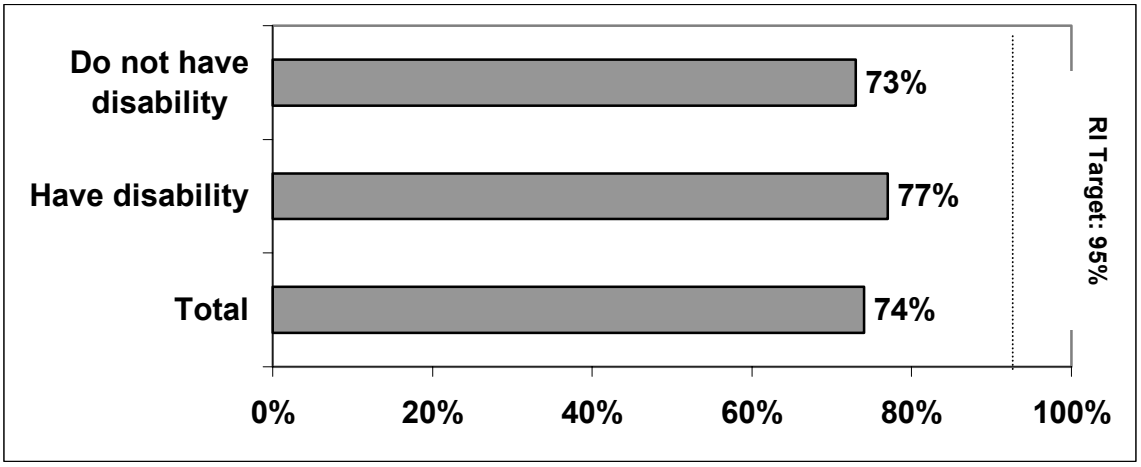
SOURCE: 1998 and 2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

The most recent data available show that overall, 74% of elders in Rhode Island receive an annual influenza vaccination. The 2010 target is that 95% of Rhode Island residents aged 65 and older will receive an annual influenza vaccine. Based on the available data, Rhode Island elders aged 75 and older (77%) have a higher rate of annual vaccination against influenza than their younger counterparts in the 65 to 74 age group (71%). Regardless of age, increases in rates of annual influenza vaccinations among those 65 and older will be necessary to meet the 2010 target.

IMMUNIZATION

SENIORS- INFLUENZA- DISABILITY STATUS

HRI Objective 9-2a. Increase the proportion of adults aged 65 years and older who are vaccinated annually against influenza.
(Healthy People Objective 14-29a)



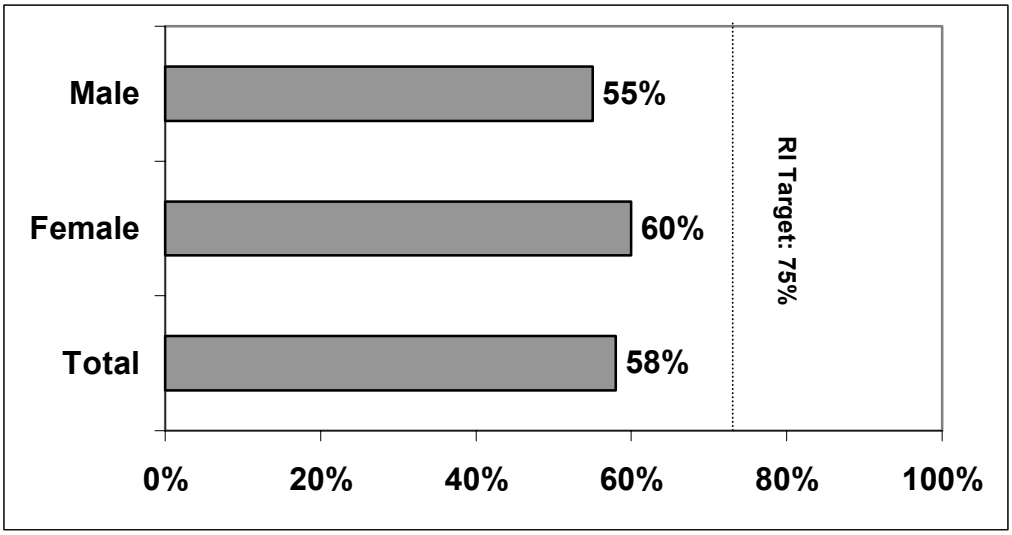
SOURCE: 1998 and 2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

The most recent data available show that overall, 74% of elders in Rhode Island receive an annual influenza vaccination. The 2010 target is that 95% of Rhode Island residents aged 65 and older will receive an annual influenza vaccine. Among this age group, 77% of those with a disability received the influenza vaccine whereas 73% of those without a disability are vaccinated. Regardless of disability status, increases in vaccination rates among Rhode Island residents age 65 and older will be necessary to achieve the 2010 target of 95%.

IMMUNIZATION

SENIORS- PNEUMOCOCCAL- GENDER

HRI Objective 9-2b. Increase adults aged 65 years and older who have ever been vaccinated against pneumococcal disease.
(Healthy People Objective 14-29b)



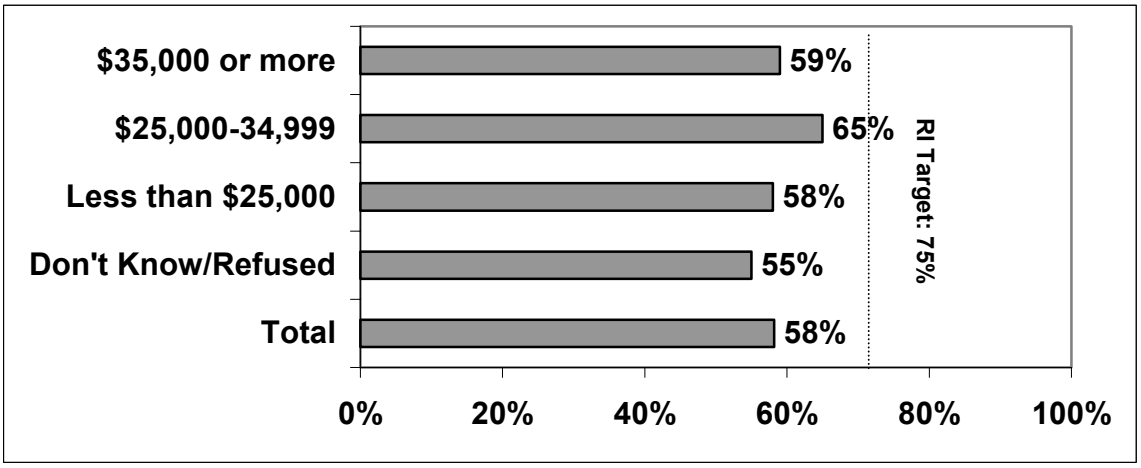
SOURCE: 1998 and 2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

Baseline data show that 58% of Rhode Islanders aged 65 and older have ever been vaccinated against pneumococcal disease. The 2010 target is to have 75% vaccinated. Among those 65 and over who have been vaccinated against pneumococcal disease, 60% are woman and 55% are men. Increases in pneumococcal vaccinations among both male and female residents age 65 and over will be necessary to reach the 2010 target.

IMMUNIZATION

SENIORS- PNEUMOCOCCAL- INCOME

HRI Objective 9-2b. Increase adults aged 65 years and older who have ever been vaccinated against pneumococcal disease.
(Healthy People Objective 14-29b)



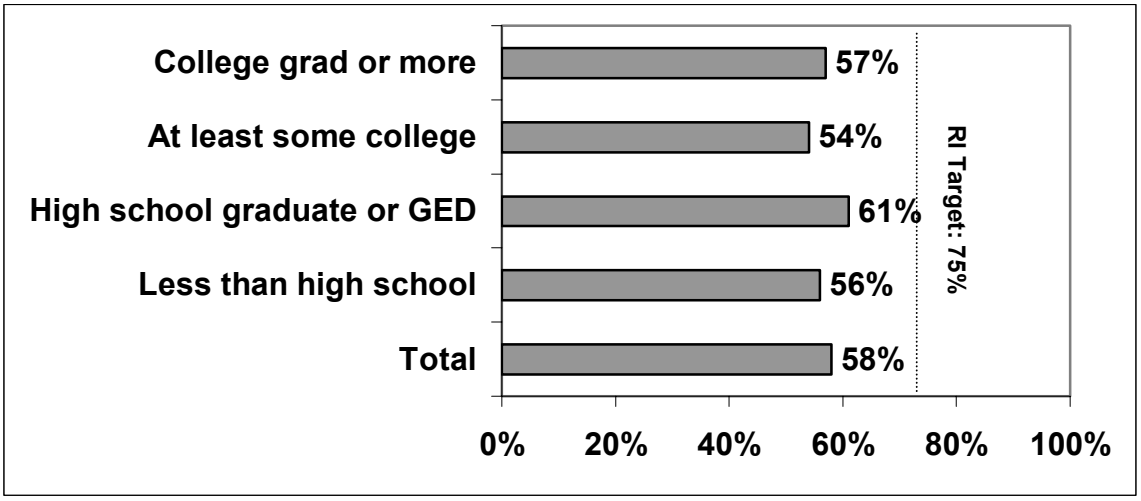
SOURCE: 1998 and 2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

Baseline data show that 58% of Rhode Islanders aged 65 and older have ever been vaccinated against pneumococcal disease. The 2010 target is to have 75% vaccinated. Based on the available data, it appears that the majority of those vaccinated against pneumococcal disease have a household income of $25,000-$34,999. Those with annual household incomes of $35,000 or less than $25,000 had vaccination rates of 59% and 58%, respectively. To achieve the 2010 target of 75%, increases in pneumococcal vaccinations will be necessary among the state's residents aged 65 and older, regardless of annual household income.

IMMUNIZATION

SENIORS- PNEOMOCOCCAL- EDUCATION

HRI Objective 9-2b. Increase adults aged 65 years and older who have ever been vaccinated against pneumococcal disease.
(Healthy People Objective 14-29b)



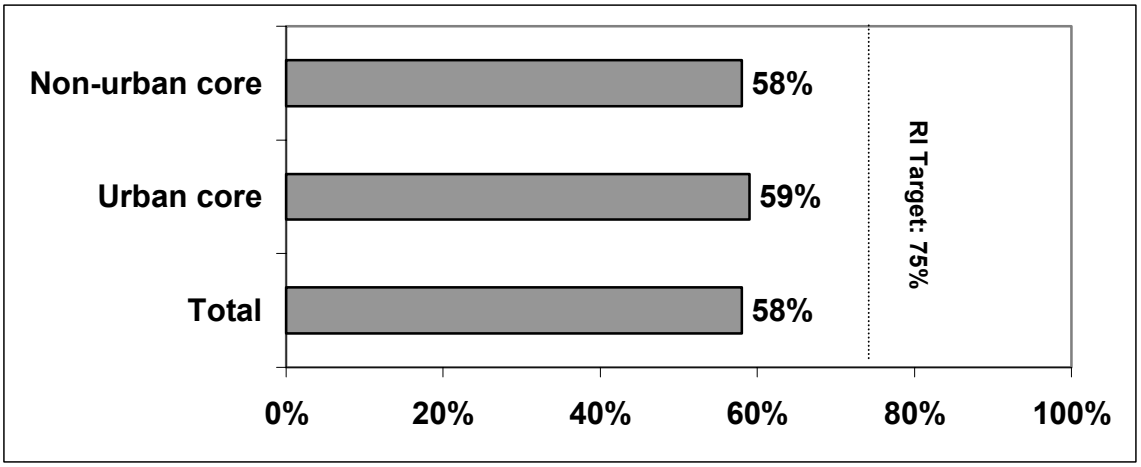
SOURCE: 1998 and 2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

Baseline data show that 58% of Rhode Islanders aged 65 and older have ever been vaccinated against pneumococcal disease. The 2010 target is to have 75% vaccinated. Based on the available data, it appears that Rhode Island residents aged 65 and older who have a high school degree or GED have the highest rates of vaccination against pneumococcal disease (61%) followed by those with a college degree or more (57%), less than a high school degree (56%), and at least some college (54%). To reach the 2010 target of 75% for this objective, increases in the number of Rhode Island residents aged 65 and older will be necessary regardless of their level of education.

IMMUNIZATION

SENIORS- PNEUMOCOCCAL- GEOGRAPHIC LOCATION

HRI Objective 9-2b. Increase adults aged 65 years and older who have ever been vaccinated against pneumococcal disease.
(Healthy People Objective 14-29b)



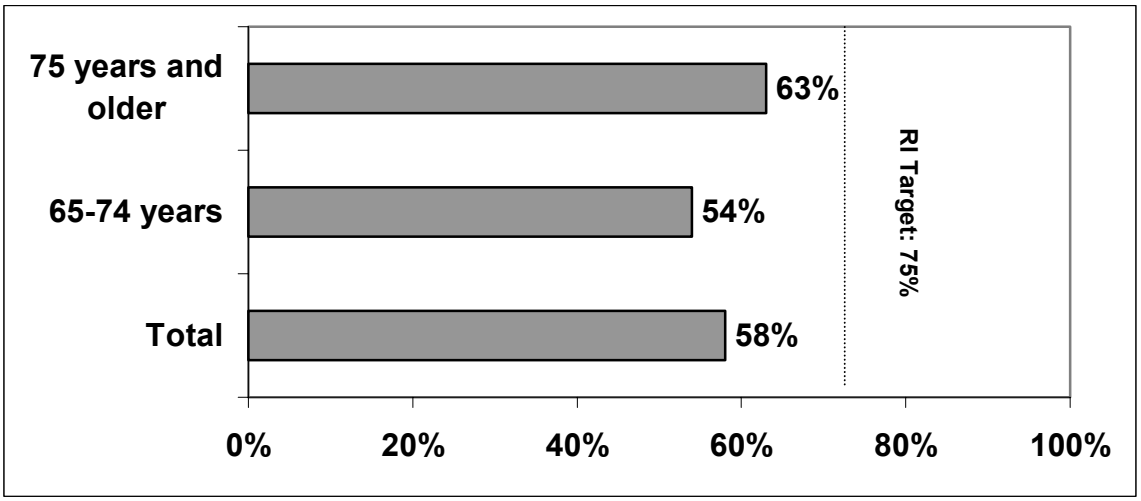
SOURCE: 1998 and 2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

Baseline data show that 58% of Rhode Islanders aged 65 and older have ever been vaccinated against pneumococcal disease. The 2010 target is to have 75% vaccinated. Among those living in the state's urban core (Central Falls, Newport, Pawtucket, Providence, and Woonsocket), 59% have been vaccinated against pneumococcal disease. The rate of vaccination among those living in non-urban areas is 58%. In order to reach the 2010 target for this objective, increases in vaccinations among residents 65 and older, regardless of geographic location, will be necessary.

IMMUNIZATION

SENIORS- PNEUMOCOCCAL- AGE

HRI Objective 9-2b. Increase adults aged 65 years and older who have ever been vaccinated against pneumococcal disease.
(Healthy People Objective 14-29b)



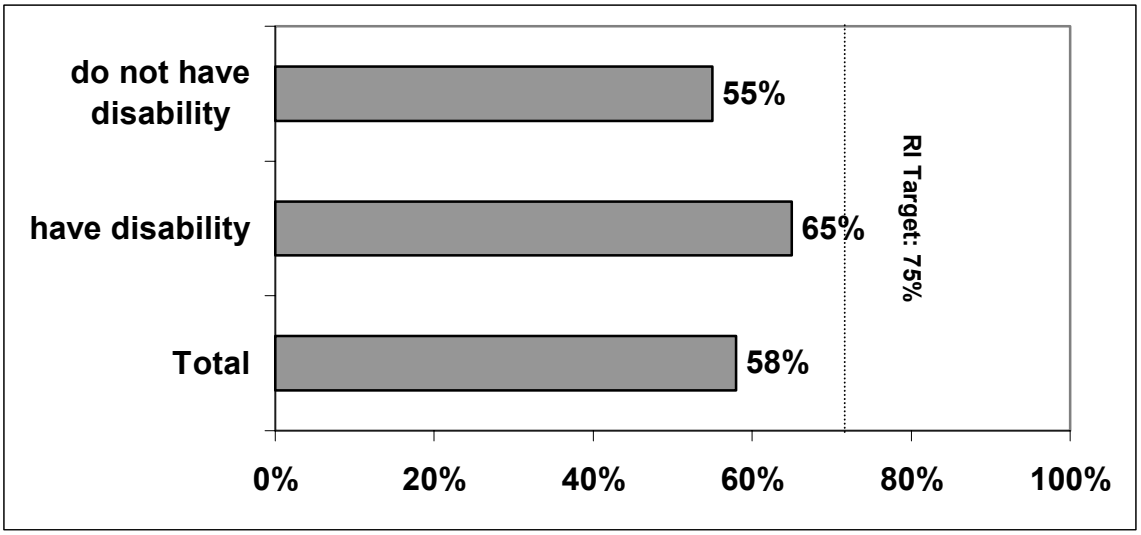
SOURCE: 1998 and 2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

Baseline data show that 58% of Rhode Islanders aged 65 and older have ever been vaccinated against pneumococcal disease. The 2010 target is to have 75% vaccinated. Among those 65 and older, Rhode Island residents 75 years and older had higher rates of vaccination against pneumococcal disease (63%) than their younger counterparts aged 65 to 74 (54%). Increases in vaccinations against pneumococcal disease among the state's older residents, regardless of age, are necessary to meet the 2010 objective of 75%.

IMMUNIZATION

SENIORS- PNEUMOCOCCAL- DISABILITY STATUS

HRI Objective 9-2b. Increase adults aged 65 years and older who have ever been vaccinated against pneumococcal disease.
(Healthy People Objective 14-29b)



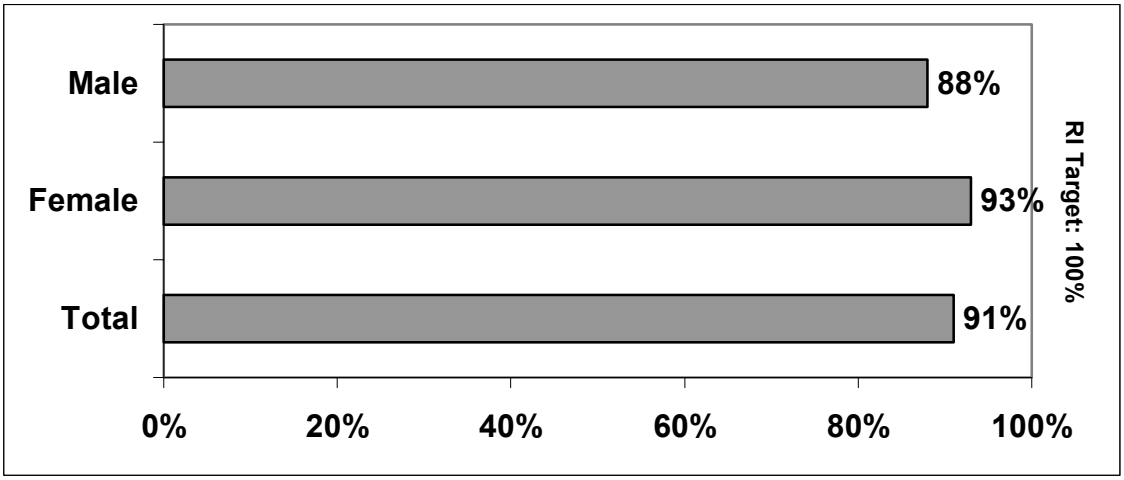
SOURCE: 1998 and 2000 Rhode Island Behavioral Risk Factor Surveillance System, OHS, HEALTH

Baseline data show that 58% of Rhode Islanders aged 65 and older have ever been vaccinated against pneumococcal disease. The 2010 target is to have 75% vaccinated. Those residents 65 and older who have a disability appear to have a higher rate of vaccination (65%) than those who do not have a disability (55%). Increases in vaccinations against pneumococcal disease, regardless of disability status, will be necessary to achieve the 2010 objective.

ACCESS TO HEALTH CARE

INSURANCE- GENDER

HRI Objective 10-1. Increase the proportion of persons* with health insurance.
(Healthy People 2010 Objective 1-1)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Survey, OHS, HEALTH

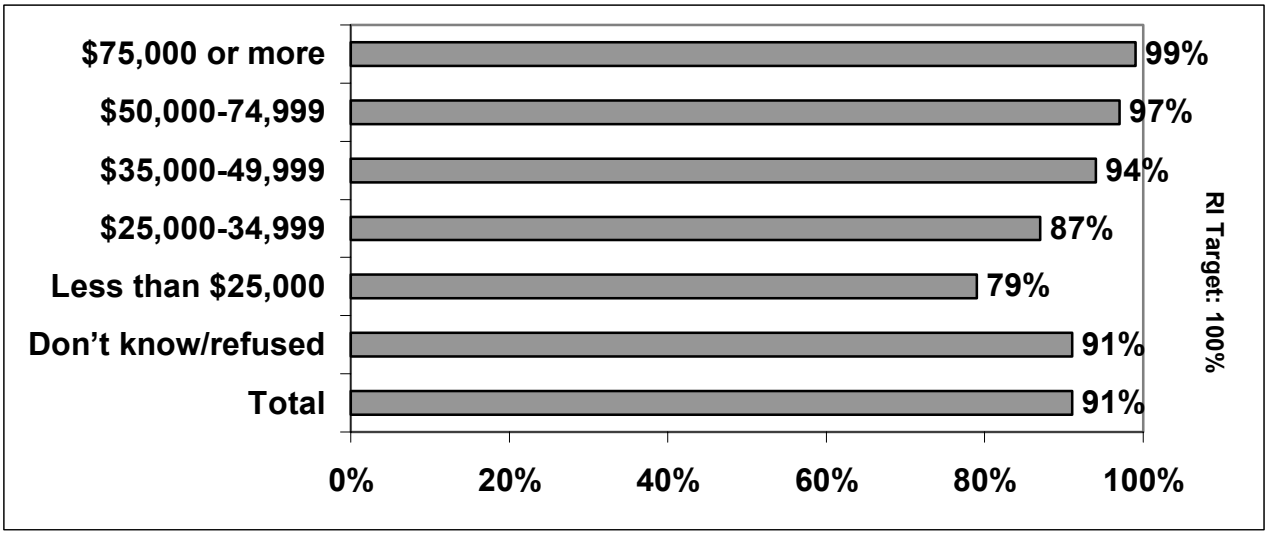
Among Rhode Island adults overall, 91% have health insurance. The 2010 target is to have 100% of Rhode Islanders covered by some form of health insurance. Because the Behavioral Risk Factor Survey is the data source for this objective, the available data are for adults only. Based on the available data, more of the state's adult females have health insurance (93%) than males (88%). However, increases in the numbers of both men and women who have health insurance will be necessary to reach the 2010 target of 100% coverage.

*Data available for adults age 18 to 64

ACCESS TO HEALTH CARE

INSURANCE- INCOME

HRI Objective 10-1. Increase the proportion of persons* with health insurance.
(Healthy People 2010 Objective 1-1)



Note: Percentages for "don't know/refused" excluded from analyses for all disparities except household income because of the large number of respondents who did not provide data about household income.

SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Survey, OHS, HEALTH

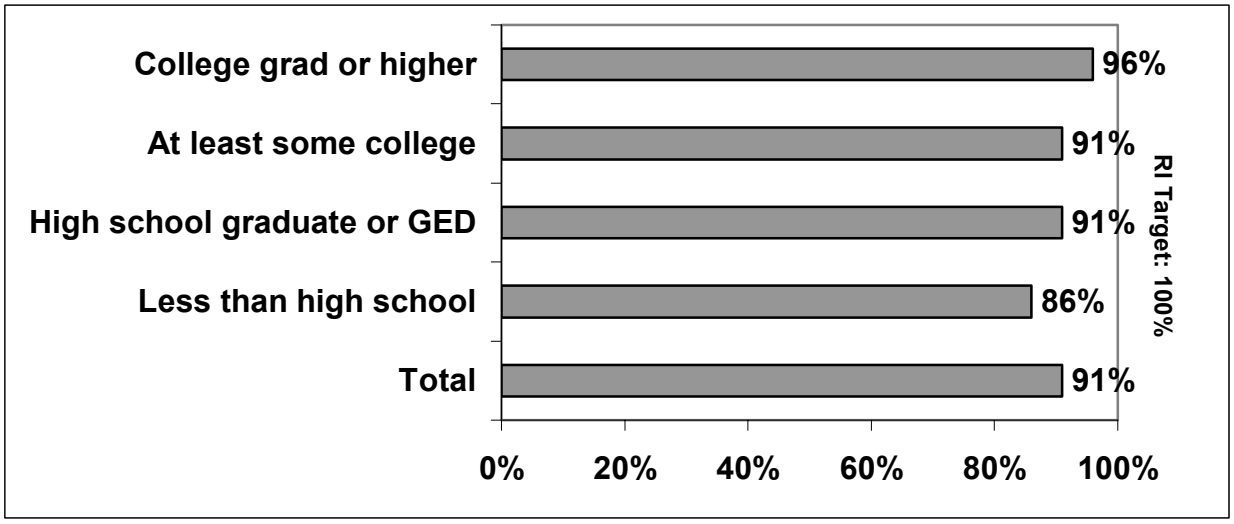
Among Rhode Island adults overall, 91% have health insurance. The 2010 target is to have 100% of Rhode Islanders covered by some form of health insurance. Because the Behavioral Risk Factor Survey is the data source for this objective, the available data are for adults only. Based on the available data, health insurance coverage appears to increase with income. For instance, 95% of Rhode Island adults with an annual household income of $75,000 or more have health insurance whereas 79% of those with annual household incomes of less than $25,000 have health coverage. To reach the 2010 target of 100% health coverage for Rhode Islanders, increases in coverage for all income groups will be necessary, but particularly for those with lower annual household incomes.

*Data available for adults age 18 to 64

ACCESS TO HEALTH CARE

INSURANCE- EDUCATION

HRI Objective 10-1. Increase the proportion of persons* with health insurance.
(Healthy People 2010 Objective 1-1)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Survey, OHS, HEALTH

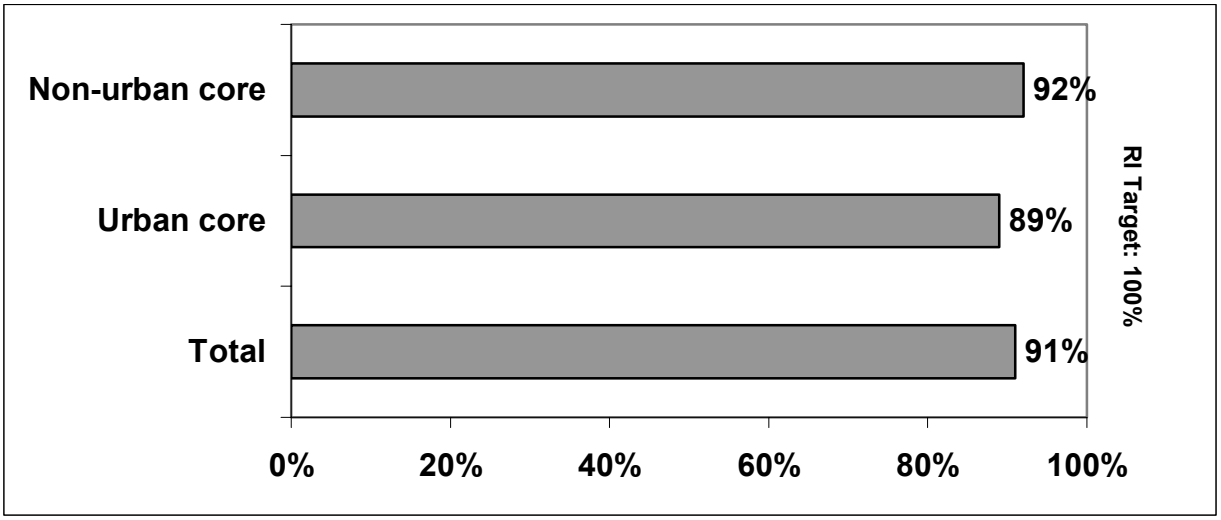
Among Rhode Island adults overall, 91% have health insurance. The 2010 target is to have 100% of Rhode Islanders covered by some form of health insurance. Because the Behavioral Risk Factor Survey is the data source for this objective, the available data are for adults only. Rhode Islanders with a college degree or higher have the highest rates of health insurance coverage (96%), followed by those with at least some college and those with a high school degree or GED (91%). The lowest rate of coverage is among Rhode Island residents with less than a high school degree (86%). Increases in health insurance coverage for all groups, regardless of education, are necessary to achieve the 2010 goal of 100% coverage. However, it appears that the greatest increases will have to occur among those with the lowest level of education.

*Educational figures are for adults 25 and older based on CDC specifications regarding those adults who most likely to have completed their education.

ACCESS TO HEALTH CARE

INSURANCE- GEOGRAPHIC LOCATION

HRI Objective 10-1. Increase the proportion of persons* with health insurance.
(Healthy People 2010 Objective 1-1)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Survey, OHS, HEALTH

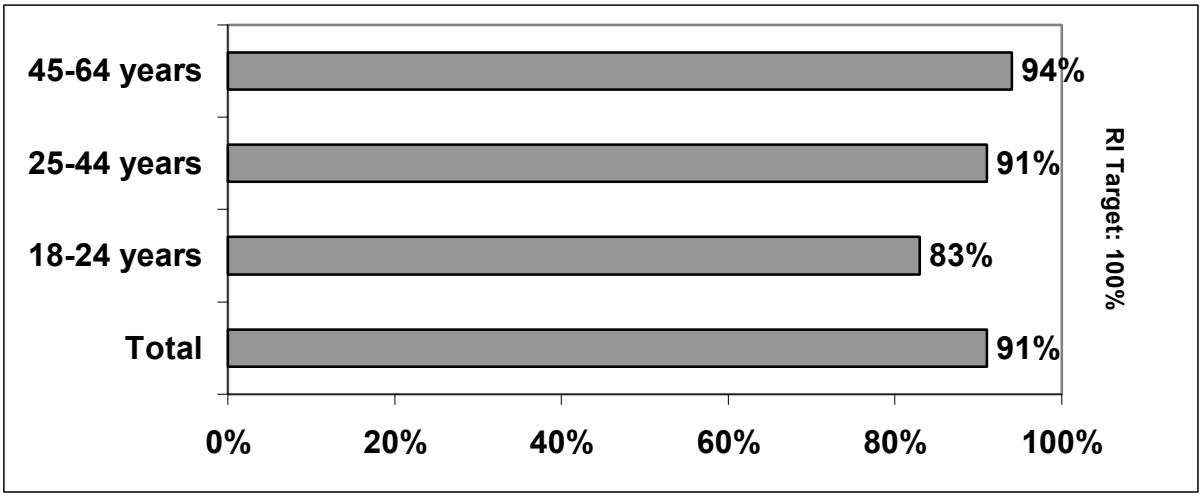
Among Rhode Island adults overall, 91% have health insurance. The 2010 target is to have 100% of Rhode Islanders covered by some form of health insurance. Because the Behavioral Risk Factor Survey is the data source for this objective, the available data are for adults only. Among those living in the state's urban core (Central Falls, Newport, Pawtucket, Providence, and Woonsocket), 89% have health insurance. The data suggest that slightly more residents living in non-urban areas (92%) have health insurance. Regardless of geographic location, increases in health insurance coverage for all Rhode Islanders will be necessary to achieve the 2010 goal of 100% coverage.

*Data available for adults age 18 to 64

ACCESS TO HEALTH CARE

INSURANCE- AGE

HRI Objective 10-1. Increase the proportion of persons* with health insurance.
(Healthy People 2010 Objective 1-1)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Survey, OHS, HEALTH

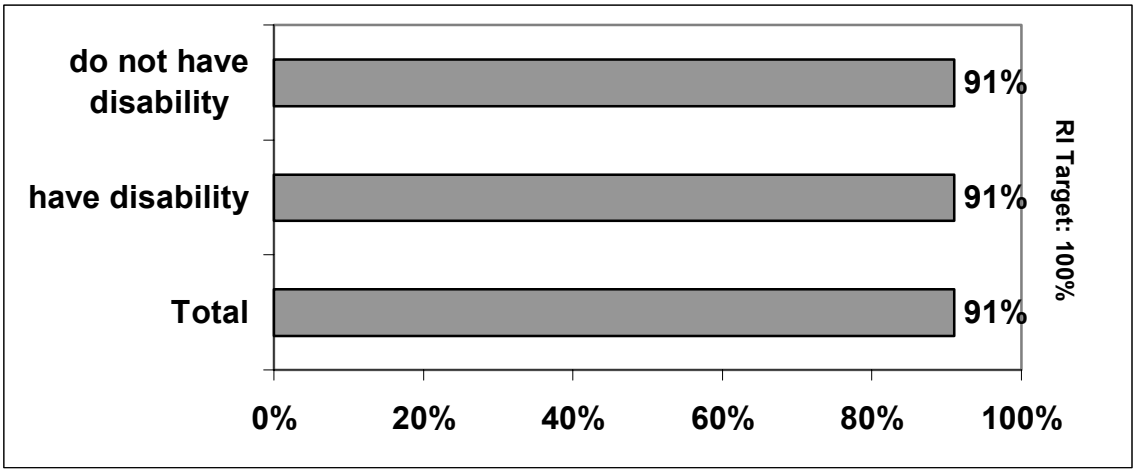
Among Rhode Island adults overall, 91% have health insurance. The 2010 target is to have 100% of Rhode Islanders covered by some form of health insurance. Because the Behavioral Risk Factor Survey is the data source for this objective, the available data are for adults only. The available data suggest that the rates of health insurance coverage are highest for the state's residents aged 45 to 64 years (94%) followed by those who are 25 to 44 years old (91%). The lowest rate of health insurance is among those aged 18-24 (83%). Increases in health insurance coverage will be necessary, regardless of the age of residents, to achieve the 2010 goal of 100% coverage. However, the greatest increases will be necessary among the state's youngest adults.

*Data available for adults age 18-64

ACCESS TO HEALTH CARE

INSURANCE- DISABILITY STATUS

HRI Objective 10-1. Increase the proportion of persons* with health insurance.
(Healthy People 2010 Objective 1-1)



SOURCE: 1998-2000 Rhode Island Behavioral Risk Factor Survey, OHS, HEALTH

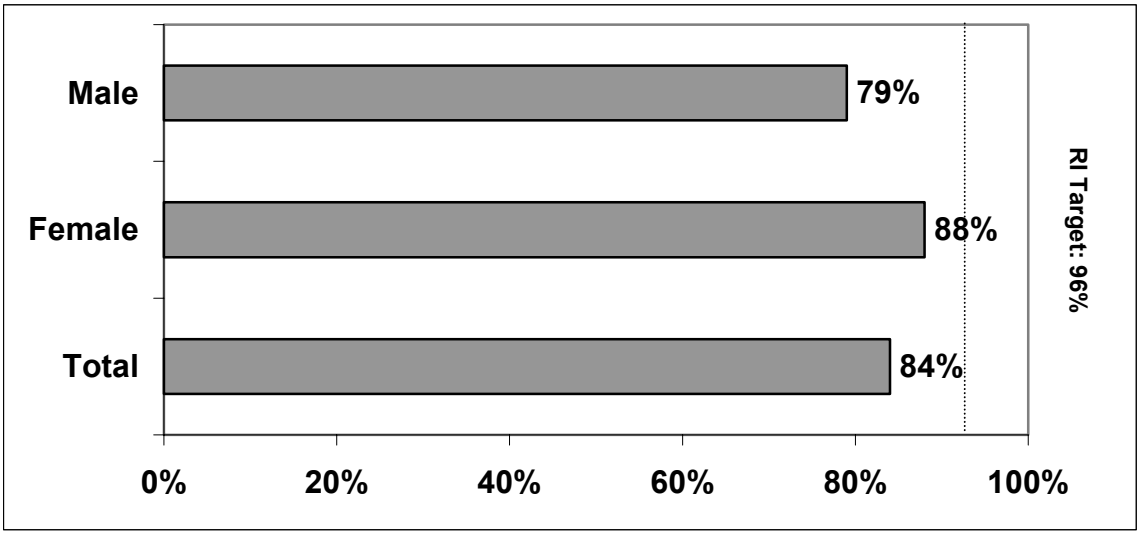
Among Rhode Island adults overall, 91% have health insurance. The 2010 target is to have 100% of Rhode Islanders covered by some form of health insurance. Because the Behavioral Risk Factor Survey is the data source for this objective, the available data are for adults only. Regardless of disability status, 91% of Rhode Islanders have health insurance coverage, thus requiring an increase in the number of residents who have health insurance to meet the 2010 target of 100% coverage.

*Data available for adults age 18-64

ACCESS TO HEALTH CARE

ONGOING CARE- GENDER

HRI Objective 10-2. Increase the proportion of persons* who have a specific source of ongoing care.
(Healthy People 2010 Objective 1-4a)



SOURCE: 2000 Rhode Island Behavioral Risk Factor Survey, OHS, HEALTH

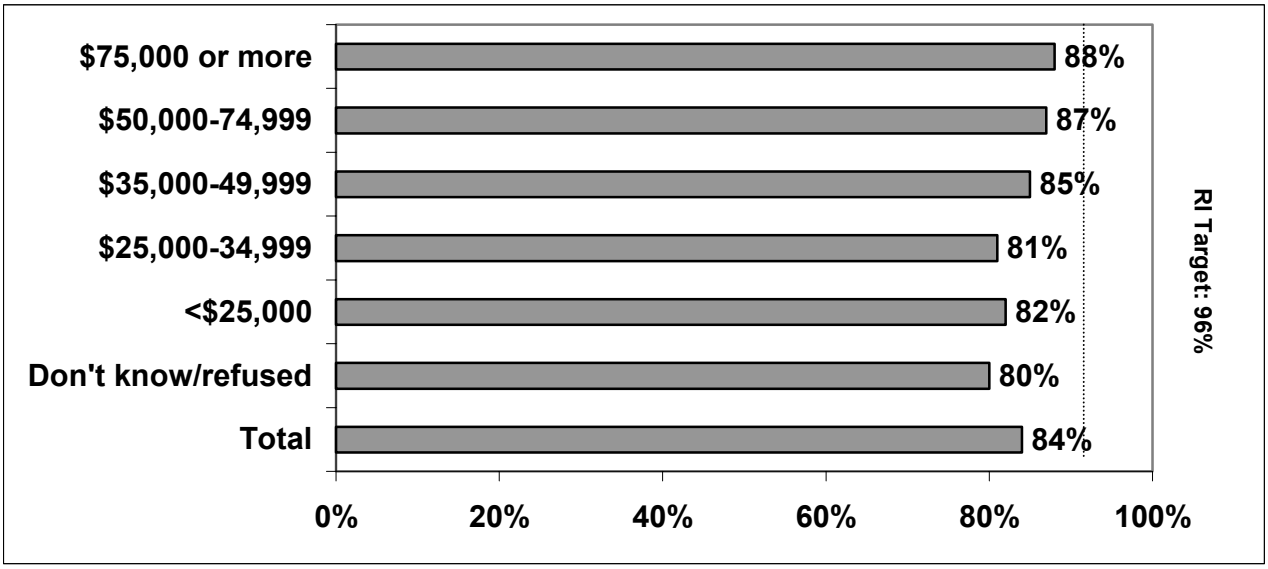
Overall, 84% of Rhode Islanders have a specific source of ongoing health care. The target for 2010 is for 96% of the population to have a specific source of primary health care. Based on the available data, more Rhode Island women (88%) have a specific source of ongoing health care than men (79%). More residents, regardless of gender, must have a specific source of care before the 2010 target can be met.

*Data available for adults age 18 and older

ACCESS TO HEALTH CARE

ONGOING CARE- INCOME

HRI Objective 10-2. Increase the proportion of persons* who have a specific source of ongoing care.
(Healthy People 2010 Objective 1-4a)



Note: Percentages for "don't know/refused" excluded from analyses for all disparities except household income because of the large number of respondents who did not provide data about household income.

SOURCE: 2000 Rhode Island Behavioral Risk Factor Survey, OHS, HEALTH

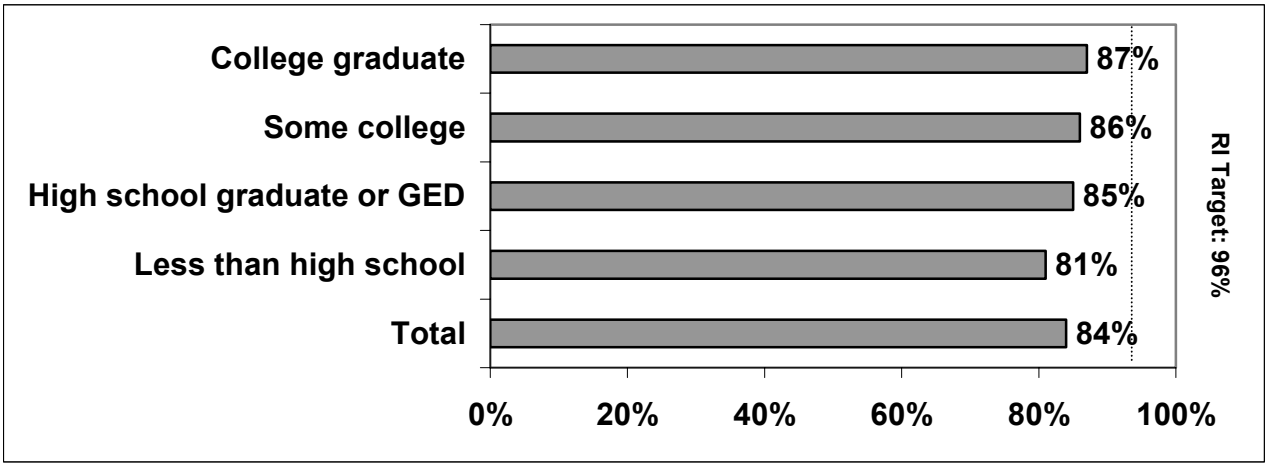
Overall, 84% of Rhode Islanders have a specific source of ongoing health care. The target for 2010 is for 96% to have a specific source of primary health care. More people in the three highest income groups have an ongoing source of care than residents in the other groups. However, to reach the 2010 target, an increase in the number who have an identified source of care will be necessary for residents in all income categories.

*Data available for adults age 18 and older

ACCESS TO HEALTH CARE

ONGOING CARE- EDUCATION

HRI Objective 10-2. Increase the proportion of persons age 25* and older who have a specific source of ongoing care.
(Healthy People 2010 Objective 1-4a)



SOURCE: 2000 Rhode Island Behavioral Risk Factor Survey, OHS, HEALTH

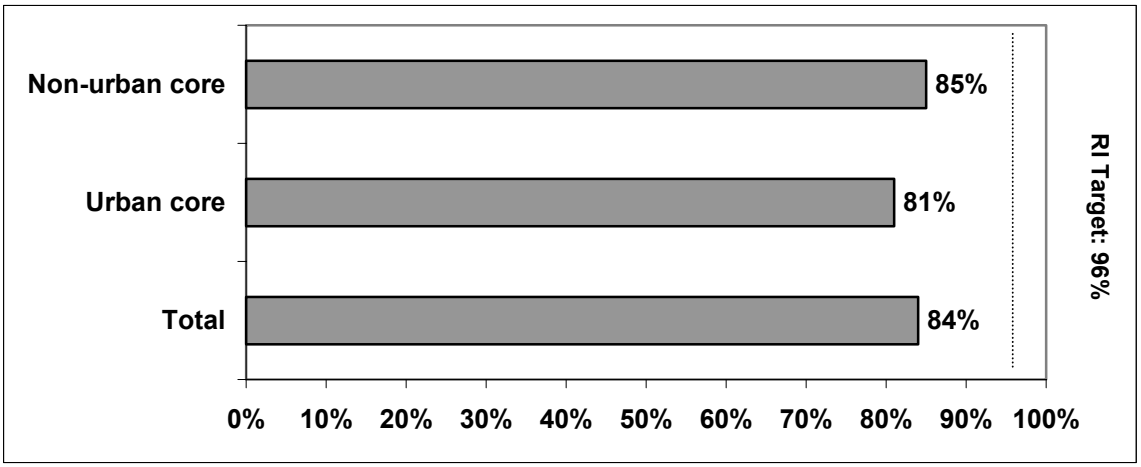
Overall, 84% of Rhode Islanders have a specific source of ongoing health care. The target for 2010 is for 96% of the population to have a specific source of primary health care. The percent of people who have a specific and ongoing source of care increases with level of education. More of those with a college degree have a source of care (87%) than those with some college (86%), a high school degree or GED (85%), and less than a high school degree (81%). Regardless of education, an increase in the number of residents who have a specific source of ongoing care will be necessary to achieve the 2010 target of 96%.

*Educational figures are for adults 25 and older based on CDC specifications regarding those adults who most likely to have completed their education.

ACCESS TO HEALTH CARE

ONGOING CARE- GEOGRAPHIC LOCATION

HRI Objective 10-2. Increase the proportion of persons* who have a specific source of ongoing care.
(Healthy People 2010 Objective 1-4a)



SOURCE: 2000 Rhode Island Behavioral Risk Factor Survey, OHS, HEALTH

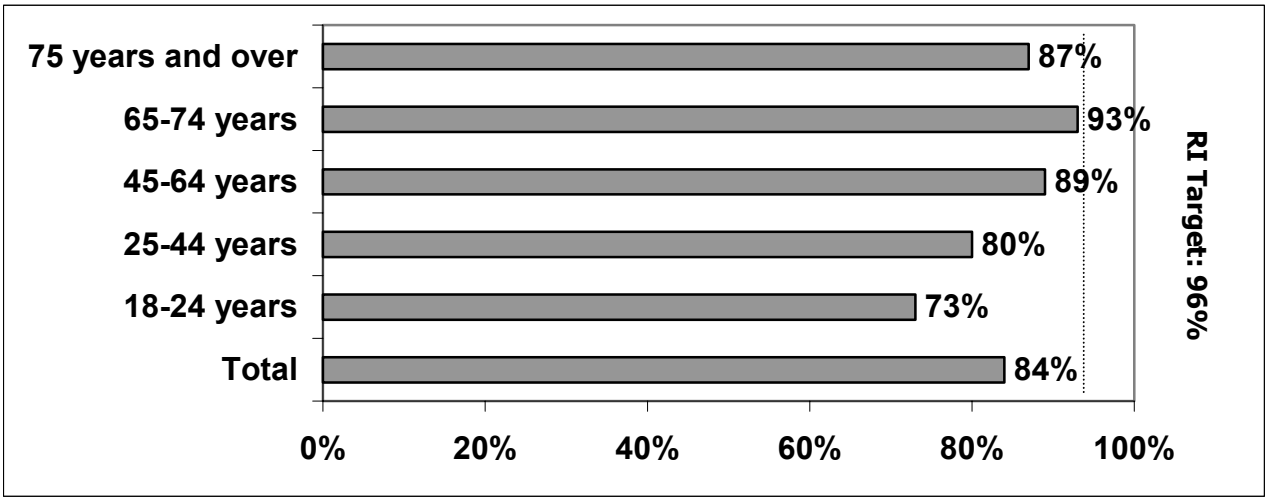
Overall, 84% of Rhode Islanders have a specific source of ongoing health care. The target for 2010 is for 96% of the population to have a specific source of primary health care. More residents living in non-urban areas of the state have a source of ongoing care (85%) than those living in urban areas (81%). Increases in the number of residents who have a source of care will be needed for both groups to reach the 2010 target.

*Data available for adults age 18 and over

ACCESS TO HEALTH CARE

ONGOING CARE- AGE

HRI Objective 10-2. Increase the proportion of persons* who have a specific source of ongoing care.
(Healthy People 2010 Objective 1-4a)



SOURCE: 2000 Rhode Island Behavioral Risk Factor Survey, OHS, HEALTH

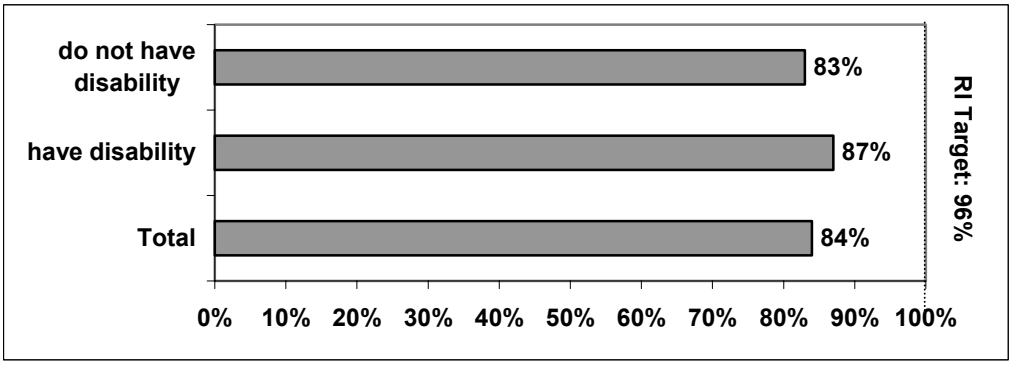
Overall, 84% of Rhode Islanders have a specific source of ongoing health care. The target for 2010 is for 96% of the population to have a specific source of primary health care. The majority of Rhode Islanders who have a source of ongoing care and those who are closest to achieving the 2010 target are in the 65 to 74 age group (93%). If all groups are to meet the 2010 target, more residents in each group must have a source of ongoing health care.

*Data available for adults age 18 and over

ACCESS TO HEALTH CARE

ONGOING CARE- DISABILITY STATUS

HRI Objective 10-2. Increase the proportion of persons* who have a specific source of ongoing care.
(Healthy People 2010 Objective 1-4a)



SOURCE: -2000 Rhode Island Behavioral Risk Factor Survey, OHS, HEALTH

Overall, 84% of Rhode Islanders have a specific source of ongoing health care. The target for 2010 is for 96% of the population to have a specific source of primary health care. Fewer Rhode Island residents who do not have a disability (83%) have a source of ongoing care than those who have a disability (87%). If both groups are to meet the 2010 target, more residents in each group must have a source of ongoing health care.

*Data available for adults age 18 and over

OBJECTIVES FOR WHICH DISPARITY DATA ARE CURRENTLY NOT AVAILABLE

PHYSICAL ACTIVITY

ADOLESCENTS- HOUSEHOLD INCOME AND PARENTS' EDUCATION

HRI Objective 1-2. Increase the proportion of adolescents* who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.
(Healthy People 2010 Objective 22.7)

SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH.

In 1997, 62% of adolescents responding to the Youth Risk Behavior Survey (YRBS) indicated that they engage in vigorous physical activity 3 or more days per week. The target for Healthy Rhode Islanders 2010 is to increase participation to 85% of adolescents who engage in vigorous activity at least 3 times per week. Because data on household income and parents' education were not collected in the YRBS, it is not possible to assess whether differences by these variables exist.

*Baseline data are for adolescents, grades 9-12.

OVERWEIGHT AND OBESITY

ADOLESCENTS- PARENTS' EDUCATION

HRI Objective 2-2. Reduce the proportion of children and adolescents* who are overweight or obese.
(Healthy People 2010 Objective 19-3c)

SOURCE: 2001 Rhode Island Health Interview Survey, RI DOH

The most recent data show that 25% of Rhode Island youth, aged 6 to 19 years of age, are overweight. The target for the year 2010 is to reduce the rate to 10% for all Rhode Island youth. Because data on parents' level of education are not available, it is not possible to ascertain whether the rates of childhood overweight differ by parents' education.

*Baseline data are for children and adolescents ages 6-19 years old

TOBACCO USE

ADOLESCENTS- HOUSEHOLD INCOME AND PARENTS' EDUCATION

HRI Objective 3-1. Reduce cigarette smoking by adolescents.*
(Healthy People 2010 Objective 27-1a)

SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH

Baseline data from the YRBS show that the rate of cigarette smoking among Rhode Island adolescents is 35%. The 2010 target is to reduce the percent of adolescents who smoke to 14%. Because data on household income and parents' education were not collected in the YRBS, it is not possible to determine whether rates of adolescent smoking differ by these factors.

*Baseline data are for adolescents, grades 9-12.

SUBSTANCE ABUSE

ADOLESCENTS- HOUSEHOLD INCOME AND PARENTS' EDUCATION

HRI Objective 4-1. Increase the proportion of adolescents* *not* using alcohol or any illicit drugs during the past 30 days.
(Healthy People Objective 26-10a)

SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH

Based on the most recent data, 45% of Rhode Island adolescents in general did ***not*** use alcohol, marijuana, or cocaine in the month prior to participating in the YRBS. The target for this objective is to increase the proportion of youth that are ***not*** using alcohol or illicit drugs to 75%. Because data on household income and parents' education were not collected on the YRBS, it is not possible to know whether adolescent reports of alcohol and illicit drug use during the past month differ by these factors.

*Baseline data are for adolescents, grades 9-12.

SUBSTANCE ABUSE

ADOLESCENTS- ALCOHOL- INCOME AND PARENTS' EDUCATION

HRI Objective 4-1, 10a Part 1. Increase the proportion of adolescents* who report no alcohol use in the past 30 days.
(Healthy People Objective 26-10a)

SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH

Based on the most recent data, 48% of Rhode Island adolescents in general did ***not*** use alcohol in the month prior to participating in the YRBS. The target for this objective is to increase the proportion of youth that are ***not*** using alcohol to 75%. Because data on household income and parents' education are not collected on the YRBS, it is not possible to determine whether adolescent reports of alcohol use in the past month differ by these factors.

*Baseline data are for adolescents, grades 9-12.

SUBSTANCE ABUSE

ADOLESCENTS- COCAINE- HOUSEHOLD INCOME AND PARENTS' EDUCATION

HRI Objective 4-1, 10a Part 2. Increase the proportion of adolescents* who report no cocaine use in the past 30 days.
(Healthy People Objective 26-10a)

SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH

Based on the most recent data, 96% of Rhode Island adolescents in general did ***not*** use cocaine in the month prior to participating in the YRBS. The target for this objective is to increase the proportion of youth that are ***not*** using cocaine to 99%. Because data on household income and parents' education are not collected on the YRBS, it is not possible to know whether reports of cocaine use in the past month among adolescents differ by these factors.

*Baseline data are for adolescents, grades 9-12.

SUBSTANCE ABUSE

ADOLESCENTS- MARIJUANA- HOUSEHOLD INCOME AND PARENTS' EDUCATION

HRI Objective 4-1, 10a Part 3. Increase the proportion of adolescents* who report no marijuana use in the past 30 days.
(Healthy People Objective 26-10a)

SOURCE: 1997 Youth Risk Behavior Survey, OHS, HEALTH

Based on the most recent data, 71% of Rhode Island adolescents in general did ***not*** use marijuana in the month prior to participating in the YRBS. The target for this objective is to increase the proportion of youth that are ***not*** using marijuana to 85%. Data on household income and parents' education were not collected on the YRBS. Therefore, it is not possible to know whether adolescent reports of marijuana use in the past month differ by these factors.

*Baseline data are for adolescents, grades 9-12.

SUBSTANCE ABUSE

ADULTS- GENDER, INCOME, EDUCATION, AGE, GEOGRAPHIC LOCATION, DISABILITY STATUS

HRI Objective 4-2. Reduce the proportion of adults* using any illicit drug during the past 30 days.
(Healthy People Objective 26-10c)

SOURCE: 1999 National Household Survey on Drug Abuse, SAMHSA

The overall use of illicit drugs among Rhode Island adults is 8%. The target for the population is 6%, which would be a 20% decrease in usage. Because data on gender, household income, education, age, geographic location, and disability status are not available, it is not possible to know whether illicit drug use among Rhode Island adults differs based on their gender, income ,level of education, age, geographic location, and disability status.

*Baseline data are for adults ages 18 and older

RESPONSIBLE SEXUAL BEHAVIOR

ADOLESCENTS- HOUSEHOLD INCOME AND PARENTS' EDUCATION

HRI Objective 5-1. Increase the proportion of adolescents* who have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse. (Healthy People 2010 Objective 25-11).

Rhode Island data for this variable are available to report on adolescents who:

a. **Never had sexual intercourse**
b. **Abstained for the past 3 months**
c. **Used a condom at last intercourse**

SOURCE: 1997 Youth Risk Behavior Survey

Baseline data suggest that 57% of Rhode Island adolescents have never had sexual intercourse. Among those who are sexually active, 12% have abstained from intercourse for the past 3 months and 52% used a condom the last time they had sexual intercourse. The 2010 target is to have 95% of youth abstain or use condoms. Because data on household income and parents' education are not collected, it is not possible to ascertain whether abstinence and condom use among Rhode Island youth differ by these variables.

*Baseline data are for adolescents, grades 9-12.

MENTAL HEALTH

DEPRESSION- AGE, GENDER, HOUSEHOLD INCOME, LEVEL OF EDUCATION, GEOGRAPHIC LOCATION, DISABILITY STAUTS

HRI Objective 6-1. Increase the proportion of adults with recognized depression who receive treatment. (Healthy People 2010 Objective 18-9-b).

SOURCE: 2002 Adjusted Behavioral Risk Fact Surveillance Survey.

Baseline data suggest that 51% of Rhode Island adults with recognized depression receive treatment for their depression. The 2010 target is to have 75% of Rhode Island adults with recognized depression receiving treatment for it. Because data on age, gender, disability status, household income, education, and geographic locations are not available, it is not possible to know

whether the rate of treatment for depression among Rhode Islanders differs based on these factors.

MENTAL HEALTH

SUICIDE- HOUSEHOLD INCOME, LEVEL OF EDUCATION, GEOGRAPHIC LOCATION

HRI Objective 6-2. Reduce the suicide rate. (Healthy People 2010 Objective 18-1).

SOURCE: 1999 Vital Records, Division of Family Health, HEALTH.

The overall suicide rate in Rhode Island is 10 per 100,000 people. The target for the population is 4/100,000. Because data on household income, education, and geographic locations are not available, it is not possible to know whether the suicide rate among Rhode Islanders differs based on their income, level of education, and disability status.

INJURY AND VIOLENCE

MOTOR VEHICLE CRASHES- INCOME, EDUCATION AND GEOGRAPHIC LOCATION

HRI Objective 7-1. Reduce deaths caused by motor vehicle crashes.* (Healthy People 2010 Objective 15-15)

SOURCE: 1996-1998 National Vital Statistics Systems, CDC, NCHS

The overall motor vehicle crash death rate in Rhode Island is 9 per 100,000 people. The 2010 target is to reduce the rate of deaths caused by motor vehicle crashes to 7 per 100,000 people, a 16% decline. Data on the income level, education, and geographic location of those who died in motor vehicle crashes were not collected. Therefore, it is not possible to report deaths due to motor vehicle crashes by income level of those killed.

*Baseline data are age-adjusted to the 2000 standard population

INJURY AND VIOLENCE

HOMICIDE- INCOME, EDUCATION AND GEOGRAPHIC LOCATION

HRI Objective 7-2. Reduce homicides.*
(Healthy People 2010 Objective 15-32)

SOURCE: 1996-1998 National Vital Statistics Systems, Centers for Disease Control (CDC), National Center for Health Statistics (NCHS), (CDC WONDER).

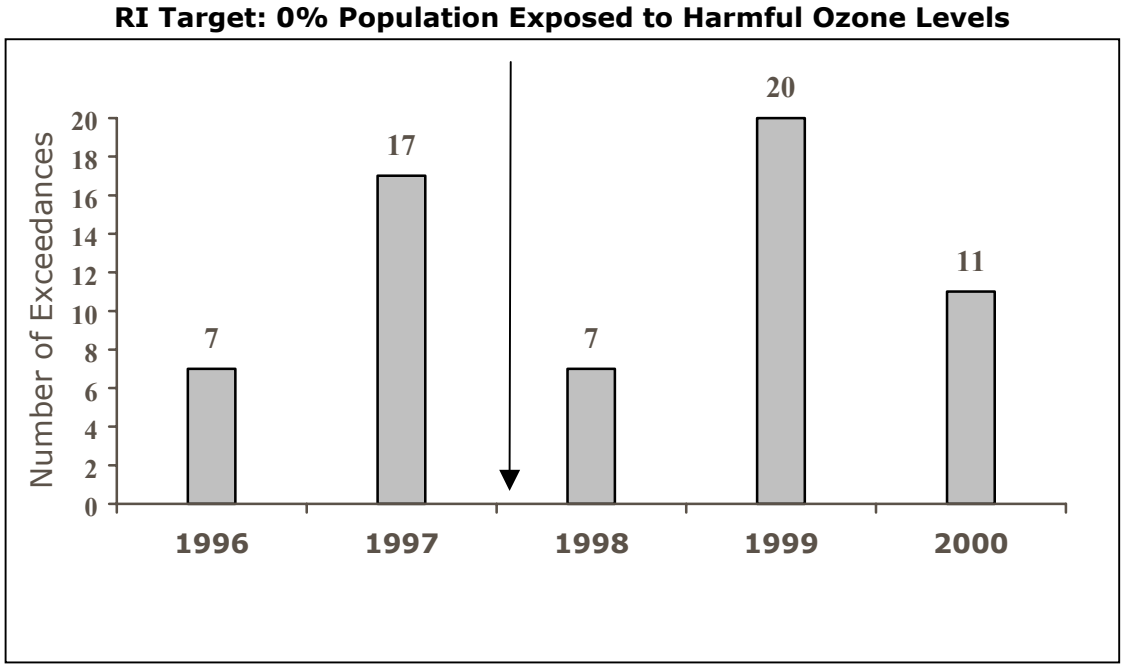
The most recent data show that the overall rate of homicides in Rhode Island is 3 per 100,000 people. The target for reducing homicides is 2 per 100,000 people. Data on homicides by household income, education and geographic location were not collected. Therefore, it is not possible to report whether a relationship between these factors and rates of homicide exists in Rhode Island.

*Baseline data are age-adjusted to the 2000 standard population

ENVIRONMENTAL QUALITY

OZONE- GENDER, HOUSEHOLD INCOME, EDUCATION LEVEL, GEOGRAPHIC LOCATION

HRI Objective 8-1. Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for ozone. (Healthy People 2010 Object. 8-1a)



Source: 1998 RI Department of Environmental Management/Office of Applied Research.

Rhode Island has three ozone monitoring stations in different locations throughout the state. In 1998, Rhode Island exceeded the U.S. Environmental Protection Agency's standard for ozone concentration a total of seven times. The target for 2010 is to have no exceedances (0% exposure). Exceedances refer to instances when the ozone concentration exceeds the standard set by the Environmental Protection Agency. Any exceedance leads to 100% exposure of the Rhode Island population. RI experienced 11 exceedances in 2000. Because this objective is not measured on a population basis, disparities between racial and ethnic groups, gender, household income, education level, geographic location, and age cannot be measured.

ENVIRONMENTAL QUALITY

ENVIRONMENTAL TOBACCO SMOKE- GENDER, HOUSEHOLD INCOME, EDUCATION LEVEL, GEOGRAPHIC LOCATION

HRI Objective 8-2. Reduce the proportion of non-smokers exposed to environmental tobacco smoke.* (Healthy People 2010 Objective 27-10).

SOURCE: 2001 RI Health Interview Survey, OHS, HEALTH

Data show that 39% of persons live in households where smoking is permitted inside the house or inside the car all or most of the time. The majority of households surveyed report no household exposure to tobacco, including no regular smoking in the house or apartment, no regular smoking in the vehicle (for households with children under the age of 18), and have rules prohibiting smoking in the house or car. The target for reducing exposure to environmental tobacco smoke is 20%.

* A proxy measure was used for this objective – To reduce the proportion of persons living in households where smoking is permitted inside the house or inside the car all or most of the time. Data include household reporting no regular smoking in the house or apartment, no regular smoking in the vehicle (for households with children under the age of 18), and those that have rules prohibiting smoking in the house or car.

ENVIRONMENTAL QUALITY

CHILDREN- BLOOD LEAD LEVELS- GENDER, INCOME, PARENTS' EDUCATION, GEOGRAPHIC LOCATION

HRI Objective 8-3. Eliminate elevated blood lead levels in children.* (Healthy People 2010 Objective 8-11).

SOURCE: 2000 Lead Screening Data, Childhood Lead Poisoning Prevention Program, HEALTH

Overall, 9% of Rhode Island children have elevated blood levels. The target for Rhode Island is to reduce the percentage of children with elevated blood lead levels exceeding the recommended standard to 2%. Because data on gender, household income, parents' level of education, and geographic location are not available, it is not possible to know whether blood lead levels among Rhode

Island children differs based on their gender, household income, parents' level of education, and geographic location.

*Baseline data are for children age 1 to 6.

ENVIRONMENTAL QUALITY

WATER QUALITY- GENDER, INCOME, EDUCATION, GEOGRAPHIC LOCATION, DISABILITY STATUS, AGE

HRI Objective 8-4. Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act.
(Healthy People 2010 Objective 8-5).

SOURCE: 2002 Rhode Island Office of Drinking Water Quality

Data show that 81% of persons who receive a supply of drinking water from community water systems get water that meets the regulations of the Safe Drinking Water Act. The target for 2010 is to have 95% of persons receiving water that meets the regulations of the Safe Drinking Water Act.

ENVIRONMENTAL QUALITY

RADON- GENDER, INCOME, EDUCATION, GEOGRAPHIC LOCATION, DISABILITY STATUS, AGE

HRI Objective 8-5: Increase the proportion of persons who live in homes tested for Radon concentrations. (Healthy People 2010 Objective 8-18).

SOURCE: 1994-2000 RI Radon Test Database

Data show that 5%* of persons live in homes that are tested for Radon concentrations. The target for 2010 is to have 10%* of persons living in homes tested for Radon concentrations.

*Does not include testing by non-certified individuals

ENVIRONMENTAL QUALITY

CAMPYLOBACTER- GENDER, INCOME, EDUCATION, GEOGRAPHIC LOCATION, DISABILITY STATUS, AGE

HRI Objective 8-6: Reduce infections caused by key foodborne pathogens (Healthy People 2010 Objective 10-1).

a. Campylobacter species

SOURCE: 2002 RI Department of Health, Division of Disease Prevention and Control

Data from 2002 show that there were 16 cases of Campylobacter infection from food per 100,000 population. The target for 2010 is to reduce that number to 12 cases per 100,000 population.

ENVIRONMENTAL QUALITY

SALMONELLA- GENDER, INCOME, EDUCATION, GEOGRAPHIC LOCATION, DISABILITY STATUS, AGE

HRI Objective 8-6: Reduce infections caused by key foodborne pathogens (Healthy People 2010 Objective 10-1).

b. Salmonella species

SOURCE: 2002 RI Department of Health, Division of Disease Prevention and Control

Data from 2002 show that there were 19 cases of Salmonella infection from food per 100,000 population. The target for 2010 is to reduce that number to 7 cases per 100,000 population.

IMMUNIZATION

CHILDREN- GENDER, INCOME, PARENTS' EDUCATION, GEOGRAPHIC LOCATION

HRI Objective 9-1. Increase the proportion of young children* who receive all vaccines that have been recommended for universal administration for at least 5 years.
(Healthy People Objective 14-24a)

SOURCE: 2000 National Immunization Survey, NCHS and NIP, CDC

Overall, 81% of Rhode Island children receive the vaccines that have been recommended for at least the past five years. By 2010, the goal is to have 100% of all children in the state receiving the recommended vaccinations. Because data on gender, household income, parents' level of education, and geographic location are not available, it is not possible to know whether immunizations among Rhode Island children differ based on their gender, income, parents' level of education, and geographic location.

*Baseline data are for children age 19 to 35 months

ACCESS TO HEALTH CARE

PRENATAL CARE- EDUCATION, GEOGRAPHIC LOCATION

HRI Objective 10-3. Increase the proportion of pregnant women* who receive early and adequate prenatal care.
(Healthy People 2010 Objective 16-6b)

SOURCE: 1997-1999 Vital Records, Division of Family Health, HEALTH

Baseline data show that 91% of pregnant women in Rhode Island receive early and adequate prenatal care. The target for 2010 is to have 100% of pregnant women receiving early and adequate prenatal care. Because data on education and geographic location are not available, it is not possible to report on women who receive early and adequate prenatal care by their level of education or the geographic area of the state in which they live (urban vs. non-urban core).

*Baseline data based on percent of live births

APPENDIX A

Crosswalk Between Healthy Rhode Islander 2010 Objectives and National Healthy People 2010 Objectives

Healthy Rhode Islander 2010 Objectives	Healthy People 2010 Objective
PHYSICAL ACTIVITY	
1-1. Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.	22-2
1-2. Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.	22-7
OVERWEIGHT and OBESITY	
2-1. Reduce the proportion of adults who are obese.	19-2
2-2. Reduce the proportion of children and adolescents who are overweight or obese.	19-3c
2-3. Increase the proportion of persons aged 2 years and older who consume at least five daily servings of fruit and vegetables.	19-5-6
TOBACCO USE	
3-1. Reduce cigarette smoking by adults.	27-1a
3-2. Reduce cigarette smoking by adolescents.	27-2b
SUBSTANCE ABUSE	
4-1. Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days.	26-10a
4-2. Reduce the proportion of adults using any illicit drug during the past 30 days.	26-10c
4-3. Reduce binge drinking by adults in the past 30 days.	26-11c
RESPONSIBLE SEXUAL BEHAVIOR	
5-1. Increase the proportion of adolescents* who have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse.	25-11
5-2. Increase the proportion of unmarried sexually active persons who use condoms.	13-6a-b
MENTAL HEALTH	
6-1. Increase the proportion of adults with recognized depression who receive treatment.	18-9b
6-2. Reduce the suicide rate.	18-1
INJURY and VIOLENCE	
7-1. Reduce deaths caused by motor vehicle crashes.	15-15a
7-2. Reduce homicides.	15-32
ENVIRONMENTAL QUALITY	
8-1. Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Agency's health-based standards for ozone.	1a
8-2. Reduce the proportion of nonsmokers exposed to environmental tobacco smoke.	27-10
8-3. Eliminate elevated blood lead levels in children.	8-11
8-4. Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act.	8-5

8-5. Increase the proportion of persons who live in homes tested for Radon concentrations.	8-18
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IMMUNIZATION	
9-1. Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years.	14-24
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ACCESS TO HEALTH CARE	
10-1. Increase the proportion of persons with health insurance.	1-1
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Appendix B

Operational Definitions

This appendix summarizes the operational definitions for the 23 objectives included in *Healthy Rhode Islanders 2010*, identifies the data sources, measures, survey questions, periodicity of data collection, and other data issues related to monitoring these objectives over this decade.

Operational Definitions for *Healthy Rhode Islanders 2010* objectives are based upon comparable national Healthy People 2010 objective operational definitions. The national operational definitions are from the U.S. Department of Health and Human Services publication, Tracking Healthy People 2010,[2] which is available electronically at: http://www.cdc.gov/nchs/hphome.htm

Additional information on the Rhode Island data sources can be found in the most recent edition of the *Health Data Inventory: A Compendium of Data Sources Maintained by the Rhode Island Department of Health* (http://www.health.state.ri.us/chic/statistics/data2002.pdf).

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[2]U.S. Department of Health and Human Services. Tracking Healthy People 2010. Washington, DC: U.S. Government Printing Office, November 2000.

Physical Activity

1-1. Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).
National Data Source	National Health Interview Survey (NHIS), CDC, NCHS (See Comments).
Measure	Percent
Baseline	22 (1998 and 2000 combined).
Numerator	Number of adults aged 18 years and older who report light or moderate physical activity for at least 30 minutes five or more times per week.
Denominator	Number of adults aged 18 years and older in the survey population.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 1998 and 2000 Behavioral Risk Factor Surveillance System: ➢ *1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?* *Yes No Don't know/Not sure Refused* *If yes:* ➢ *2. What type of physical activity or exercise did you spend the most time doing during the past month?* *Activity [specify]: __ __*

01. Aerobics class
02. Backpacking
03. Badminton
04. Basketball
05. Bicycling for pleasure
06. Boating (canoeing, rowing, sailing for pleasure or camping)
07. Bowling
08. Boxing
09. Calisthenics
10. Canoeing/rowing - in competition
11. Carpentry
12. Dancing-aerobics/ballet
13. Fishing from river bank or boat
14. Gardening (spading, weeding, digging, filling)
15. Golf
16. Handball
17. Health club exercise
18. Hiking - cross-country
19. Home exercise
20. Horseback riding
21. Hunting large game - deer, elk
22. Jogging
23. Judo/karate
24. Mountain climbing
25. Mowing lawn
26. Paddleball
27. Painting/papering house
28. Racketball
29. Raking lawn
30. Running
31. Rope skipping
32. Scuba diving
33. Skating - ice or roller
34. Sledding, tobogganing
35. Snorkeling
36. Snowshoeing
37. Snow shoveling by hand
38. Snow blowing
39. Snow skiing
40. Soccer
41. Softball
42. Squash
43. Stair climbing
44. Stream fishing in waders
45. Surfing
46. Swimming laps
47. Table tennis
48. Tennis
49. Touch football
50. Volleyball
51. Walking
52. Waterskiing
53. Weight lifting
54. Other_____
55. Bicycling machine exercise
56. Rowing machine exercise

If response is running, jogging, walking, or swimming (Activity 22, 30, 51, or 46):

- *2a. How far did you usually walk/run/jog/swim?*
  Miles and tenths _ _ . _
  Don't know/Not sure
  Refused

- *3. How many times per week or per month did you take part in this activity during the past month?*
  Times per week 1____
  Times per month 2____
  Don't know/Not sure
  Refused

- *4. And when you took part in this activity, for how many minutes or hours did you usually keep at it?*
  Hours and minutes _:_ _
  Don't know/Not sure
  Refused

- *5. Was there another physical activity or exercise that you participated in during the last month?*
  Yes
  No
  Don't know/Not sure
  Refused

If yes:

- *5a. What other type of physical activity gave you the next most exercise during the past month?*
  Activity [specify]: __ __ (SEE ACTIVITY LIST ABOVE)
  Refused

(Repeat questions 2a, 3, and 4 from above.)

Expected Periodicity Biennial.

Comments

Adults are classified as participating in light or moderate physical activity if they report participating in an activity in the past month 5 to 28 times per week and 30 to 720 minutes for each time.

National data are not comparable to Rhode Island estimates: the data sources are different, the national survey is administered by personal interview, and the State survey is administered by telephone; the questions are different with neither survey accounting for people whose jobs may require regular or vigorous physical activity that is not reported in response to these questions; and the national data are age adjusted to the 2000 standard population, Rhode Island data are not.

1-2. Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.

Rhode Island Data Source

Youth Risk Behavior Survey (YRBS), Office of Health Statistics, Rhode Island Department of Health; CDC, NCCDPHP.

National Data Source

Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

Measure

Percent.

Baseline

62 (1997).

Numerator

Number of students in grades 9 through 12 who report exercising or participating for at least 20 minutes in physical activity that made them sweat and breathe hard on 3 or more of the 7 days preceding the survey.

Denominator

Number of students in grades 9 through 12 in the survey population.

Population Targeted

Students in grades 9 through 12.

Questions Used To Obtain Rhode Island Data

From the 1997 Youth Risk Behavior Surveillance System:

On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

0 days
1 day
2 days
3 days
4 days
5 days
6 days
7 days

Expected Periodicity

Biennial.

Comments

This objective differs from Healthy People 2000 objective 1.4, which used different question wording. The former YRBSS question was: "On how many of the past 7 days did you exercise or participate in sports activities for at least 20 minutes that made you sweat and breathe hard, such as basketball, jogging, swimming laps, tennis, fast bicycling, or similar aerobic activities?"

The national data are from the 1999 YRBS while Rhode Island baseline data are from the 1997 YRBS. Rhode Island conducted the YRBS in 1999 but had an inadequate sample for analysis. Data from the 2001 YRBS will be available in early 2002.

Overweight and Obesity

2-1. Reduce the proportion of adults who are obese.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS (See Comments).
Measure	Percent
Baseline	17 (1998–2000).
Numerator	Number of persons aged 20 years and older with a BMI at or above 30.0, based upon self-reported height and weight.
Denominator	Number of persons in the survey population aged 20 years and older.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 1998-2000 Behavioral Risk Factor Surveillance System: *About how much do you weigh without shoes?* *Weight _____pounds (round)* *Don't know/Not sure* *Refused* *About how tall are you without shoes?* *Height __ __ / __ __ (Feet/Inches)* *Don't know/Not sure* *Refused*
Expected Periodicity	Annual.
Comments	BMI is calculated in two steps: 1) Conversion: convert weight from pounds to kilograms (weight in kilograms = weight in pounds / 2.2046) and height from inches to meters (height in meters = height in inches / 39.37). 2) Calculation: BMI = (weight in kilograms/ (height in meters)^2).

Rhode Island data are not comparable to national data: the data sources are different (medical examination vs. telephone-based survey), NHANES obtains measured weights and heights without shoes while BRFSS uses self-reported heights and weights (body weight prevalence estimates derived from self-reported heights and weights tend to be lower than those derived from measured height and weight); national data are age adjusted to the 2000 standard population, Rhode Island data are not.

2-2. Reduce the proportion of children and adolescents who are overweight or obese.

Children and adolescents aged 6 to 19 years.

Rhode Island Data Source	Rhode Island Health Interview Survey (RI-HIS), Office of Health Statistics, Rhode Island Department of Health.
National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
Measure	Percent.
Baseline	25 (2001)
Numerator	Number of children and adolescents aged 6 to 19 years with a BMI at or above the gender- and age-specific 95th percentile from the CDC Growth Charts: United States.
Denominator	Number of children and adolescents in the survey population aged 6 to 19 years.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 2001 Rhode Island Health Interview Survey: *About how much do (you/person) weigh without shoes on?* *Weight _____pounds (round)* *Don't know/Not sure* *Refused* *About how tall are (you/person) without shoes on?* *Height __ __ / __ __ (Feet/Inches)* *Don't know/Not sure* *Refused*
Expected Periodicity	Biennial.

Comments

BMI is calculated in two steps:

1) Conversion: convert weight from pounds to kilograms (weight in kilograms = weight in pounds / 2.2046) and height from inches to meters (height in meters = height in inches / 39.37).

2) Calculation: BMI = (weight in kilograms/ (height in meters)^2).

The gender- and age-specific 95th percentile CDC Growth Charts: United States can be found at the following website: http://www.cdc.gov/growthcharts/

Rhode Island data are not comparable to national data: the data sources are different (medical examination vs. telephone-based survey), NHANES obtains measured weights and heights without shoes while BRFSS uses self-reported heights and weights (body weight prevalence estimates derived from self-reported heights and weights tend to be lower than those derived from measured height and weight); national data are age adjusted to the 2000 standard population, Rhode Island data are not.

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2-3. Increase the proportion of persons aged 18 years and older who consume at least five daily servings of fruit/vegetables.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	Continuing Survey of Food Intakes by Individuals (CSFII), USDA, ARS (See Comments).
Measure	Percent.
Baseline	27 (1998 and 2000 combined).
Numerator	Number of persons aged 18 years and older who report consuming five or more servings of fruit and/or vegetables daily.
Denominator	Number of persons in the survey population aged 18 years and older.
Population Targeted	Rhode Island civilian, noninstitutionalized population.

Questions Used To Obtain Rhode Island Data

From the 1998 and 2000 Behavioral Risk Factor Surveillance System:

For each of the following questions the possible responses are the number of servings:

____ Per day
____ Per week
____ Per month
____ Per year
Never
Don't know/Not sure
Refused

- *How often do you drink fruit juices such as orange, grapefruit, or tomato?*
- *Not counting juice, how often do you eat fruit?*
- *How often do you eat green salad?*
- *How often do you eat potatoes not including french fries, fried potatoes, or potato chips?*
- *How often do you eat carrots?*
- *Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)*

Expected Periodicity

Biennial.

Comments

State-level data on fruit and vegetable consumption are collected biennially by BRFSS for persons 18 years and older. No State-level data for younger children are available from this surveillance system. These data enable Rhode Island to track (1) the proportion of the population that consumes five or more servings of fruits and vegetables daily, (2) mean intakes and trends in consumption, and (3) consumption of selected fruit and vegetable items. However, the food items and dietary data collection methods used in the BRFSS differ from those used by CSFII to track Healthy People 2010 objectives 19-5 and 19-6.

This objective is not included in the national set of objectives selected to monitor the progress of the Leading Health Indicator Overweight and Obesity.

Tobacco Use

3-1. Reduce cigarette smoking by adults.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
Measure	Percent.
Baseline	23 (1998-2000).
Numerator	Number of adults aged 18 years and older who have smoked at least 100 cigarettes in lifetime and who now report smoking cigarettes everyday or some days.
Denominator	Number of adults aged 18 years and older in the survey population.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 1998 Behavioral Risk Factor Surveillance System: *Have you smoked at least 100 cigarettes in your entire life?* *Yes* *No* *Don't Know/Not Sure* *Refused* [If yes:] o *Do you now smoke cigarettes everyday, some days, or not at all?* *Everyday* *Some days* *Not at all* *Refused*
Expected Periodicity	Annual.
Comments	Persons are considered as using cigarettes if they report that they smoked at least 100 cigarettes in their lifetime and now report smoking cigarettes everyday or some days.

While the questions from the BRFSS are comparable to those included in the NHIS, the national data are not comparable to Rhode Island data; data from the NHIS are age adjusted to the 2000 standard population, the Rhode Island BRFSS data are not.

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3-2. Reduce cigarette smoking by adolescents.

Rhode Island Data Source	Youth Risk Behavior Survey (YRBS), Office of Health Statistics, Rhode Island Department of Health; CDC, NCCDPHP.
National Data Source	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.
Measure	Percent.
Baseline	35 (1997).
Numerator	Number of students in grades 9 through 12 who reported having smoked cigarettes on 1 or more of the 30 days preceding the survey.
Denominator	Number of students in grades 9 through 12 in the survey population.
Population Targeted	Students in grades 9 through 12.
Questions Used To Obtain Rhode Island Data	From the 1997 Youth Risk Behavior Survey: *During the past 30 days, on how many days did you smoke cigarettes?*
Expected Periodicity	Biennial.
Comments	The national data are from 1999 while Rhode Island baseline data are from the 1997 YRBS. Rhode Island conducted the YRBS in 1999 but had an inadequate sample for analysis. Data from the 2001 YRBS will be available in early 2002.

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Substance Abuse

4-1. Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days.

Rhode Island Data Source	Youth Risk Behavior Survey (YRBS), Office of Health Statistics, Rhode Island Department of Health; CDC, NCCDPHP.
National Data Source	National Household Survey on Drug Abuse (NHSDA), SAMHSA.
Measure	Percent.
Baseline	45 Alcohol and illicit drug use; 48 alcohol only; 96 cocaine only; 71 marijuana only - (1997).
Numerator	Number of students in grades 9-12 who reported not using any alcohol, marijuana, or cocaine in the past 30 days.
Denominator	Number of students in grades 9-12 in the survey population.
Population Targeted	Students in grades 9-12.
Questions Used To Obtain Rhode Island Data	From the 1997 Youth Risk Behavior Survey:

- *During the past 30 days, on how many days did you have at least one drink of alcohol?*
  - *0 days*
  - *1 or 2 days*
  - *3 to 5 days*
  - *6 to 9 days*
  - *10 to 19 days*
  - *20 to 29 days*
  - *All 30 days*
  - *Missing*
- *During the past 30 days, how many times did you use Marijuana?*
  - *0 times*
  - *1 or 2 times*
  - *3 to 9 times*
  - *10 to 19 times*
  - *20 to 39 times*
  - *40 or more times*
  - *Missing*

- *During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?*
  - *0 times*
  - *1 or 2 times*
  - *3 to 9 times*
  - *10 to 19 times*
  - *20 to 39 times*
  - *40 or more times*
  - *Missing*

Expected Periodicity Biennial.

Comments Alcohol or illicit drug use by students in grades 9-12 is a proxy measure, and is not comparable to the national data. Rhode Island estimates are based upon students in grades 9-12 who reported not using any alcohol, marijuana, or cocaine in the past 30 days.

The national data from NHSDA track adolescents ages 12-17 years who did not use any of the following substances in the past month: alcohol, marijuana or hashish, cocaine (including "crack"), inhalants, hallucinogens (including PCP and LSD), heroin, or any nonmedical use of analgesics, tranquilizers, stimulants, or sedatives. The answers for each of the substances are examined for each respondent. Persons are considered to have not used alcohol or illicit drugs if they report no use in the past 30 days of any one of the substances.

Rhode Island conducted the YRBS in 1999 but had an inadequate sample for analysis. Data from the 2001 YRBS will be available in early 2002.

4-2. Reduce the proportion of adults using any illicit drug during the past 30 days.

Rhode Island Data Source National Household Survey on Drug Abuse (NHSDA), SAMHSA.

National Data Source National Household Survey on Drug Abuse (NHSDA), SAMHSA.

Measure Percent.

Baseline 7 (1999)

Numerator Number of adults aged 18 years and older who report use of any illicit drugs during the past 30 days.

Denominator Number of adults aged 18 years and older.

Population Targeted Rhode Island civilian, noninstitutionalized population.

Questions Used To Obtain Rhode Island Data

From the 1999 National Household Survey on Drug Abuse:

[The following question is asked separately for each illicit drug: marijuana or hashish, cocaine, "crack," heroin, hallucinogens, and inhalants:]

How long has it been since you last used [marijuana or hashish]?

If your answer is within the past 30 days, mark the first box.
If your answer is more than 30 days ago but within the past 12 months, mark the second box.
If your answer is more than 12 months ago but within the past 3 years, mark the third box.
If your answer is more than 3 years ago, mark the next-to-last box.
If you have never used [marijuana/ hashish] in your life, mark the last box.

[The following questions are asked separately for non-medical use of the following: analgesics (prescription pain killers), tranquilizers, stimulants, and sedatives:]

As you read the following list of [analgesics (prescription pain killers)/ tranquilizers/ stimulants/ sedatives], please mark one box beside each [analgesic (prescription pain killer)/ tranquilizer/ stimulant/ sedative] to indicate whether you have ever used that [analgesic (prescription pain killer)/ tranquilizer/ stimulant/ sedative] when it was not prescribed for you, or that you took only for the experience or feeling it caused. Again, we are interested in all kinds of [analgesics (prescription pain killers)/ tranquilizers/ stimulants/ sedatives], in pill or non-pill form.

[This question is followed by a list of common drugs specific to each of the following categories: analgesics (prescription pain killers), tranquilizers, stimulants, and sedatives.]

Have you ever used a [analgesic (prescription pain killer)/ tranquilizer/ stimulant/ sedative] whose name you don't know that was not prescribed for you, or that you took only for the experience or feeling it caused? If "YES," mark the first box, if "NO," mark the second box.

Have you ever used an <u>other</u> [analgesic (prescription pain killer)/tranquilizer/stimulant/sedative] besides the ones listed above, that was not prescribed for you, or that you took only for the experience or feeling it caused? PLEASE PRINT NAME(S) OF OTHER [ANALGESICS (PRESCRIPTION PAIN KILLERS)/TRANQUILIZERS/STIMULANTS/SEDATIVES] BELOW. If "YES," mark the first box, if "NO," mark the second box.

[If the respondent reported use of any [analgesic (prescription pain killer)/tranquilizer/stimulant/sedative] they are asked:]

- *How long has it been since you last used [an analgesic (prescription pain killer)/tranquilizer/stimulant/sedative] that was not prescribed for you, or that you took only for the experience or feeling it caused?*

  If your answer is within the past 30 days, mark the first box.
  If your answer is more than 30 days ago but within the past 12 months, mark the second box.
  If your answer is more than 12 months ago but within the past 3 years, mark the third box.
  If your answer is more than 3 years ago, mark the next-to-last box.

Comments

Illicit drug use is defined as using <u>at least one</u> of the following substances in the past month: marijuana or hashish, cocaine (including "crack"), inhalants, hallucinogens (including PCP and LSD), heroin, or any nonmedical use of analgesics, tranquilizers, stimulants, or sedatives.

Respondents are considered to have used illicit drugs if they report use in the past 30 days of any of the listed substances.

Data are only available from NHSDA for statewide estimates at this time (http://www.samhsa.gov/oas/NHSDA/99StateTabs/toc.htm). Currently NHSDA does not provide select population estimates for each state. Rhode Island data are based upon small area estimation modeling techniques, as described by NHSDA. (http://www.samhsa.gov/oas/NHSDA/99StateTabs/Preface.htm#TopOfPage)

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4-3. Reduce binge drinking by adults in past 30 days.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	National Household Survey on Drug Abuse (NHSDA), SAMHSA.
Measure	Percent.
Baseline	16 (1999 combined).
Numerator	Number of adults aged 18 years and older who report having five or more drinks on an occasion, one or more times in the past month.
Denominator	Number of adults aged 18 years and older.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 1999 Behavioral Risk Factor Surveillance System: ➢ *During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?* *Yes* *No* *Don't know/Not sure* *Refused* *Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?* *Number of times __ __* *None* *Don't know/Not sure7* *Refused*
Expected Periodicity	Biennial.
Comments	These data are not comparable with estimates obtained to track the national objective; the data sources are different and the questions from BRFSS and NHSDA used to measure the objective are different.

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Responsible Sexual Behavior

5-1. Increase the proportion of adolescents* who have never had sexual intercourse, have abstained from sexual intercourse in the past 3 months, or used condoms at last sexual intercourse .

Rhode Island Data Source	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.
National Data Source	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.
Measure	Percent.
Baseline	86 (1997).
Numerator	Number of students in grades 9 through 12 who report that they have never had sexual intercourse; or who have had sexual intercourse, but not in the past 3 months; or who have had sexual intercourse in the past 3 months but used a condom at last sexual intercourse.
Denominator	Number of students in grades 9 through 12 in the survey population.
Population Targeted	Students in grades 9 through 12.
Questions Used To Obtain Rhode Island Data	From the 1997 Youth Risk Behavior Surveillance System: *Have you ever had sexual intercourse?* *During the past three months, with how many people have you had sexual intercourse?* *I have never had sexual intercourse* *I have had sexual intercourse, but not in the past 3 months* *1 person* *2 people* *3 people* *4 people* *5 people* *6 or more people* *The last time you had sexual intercourse, did you or your partner use a condom?* *I have never had sexual intercourse* *yes* *no*
Expected Periodicity	Biennial.

Comments The national data are from 1999 while Rhode Island baseline data are from the 1997 YRBS. Rhode Island conducted the YRBS in 1999 but had an inadequate sample for analysis. Data from the 2001 YRBS will be available in early 2002.

5-2. Increase the proportion of sexually active persons who use condoms.

(Developmental) Females aged 18 to 44 years.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	National Survey of Family Growth (NSFG), CDC, NCHS.
Measure	Percent.
Baseline	30 (2002).
Numerator	Number of sexually active, unmarried females aged 18 to 44 years who reported using a condom at last sexual intercourse.
Denominator	Number of sexually active, unmarried females aged 18 to 44 years in the survey population.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 1998-2000 Behavioral Risk Factor Surveillance System:

During the past 12 months, with how many people have you had sexual intercourse?

Number__ __
None
Don't know/ Not sure
Refused

Was a condom used the last time you had sexual intercourse?

Yes
No
Don't know/ Not sure
Refused

Are you:

Married
Divorced
Widowed
Separated
Never married
A member of an unmarried couple?

Refused

Expected Periodicity Periodic.

Comments Sexually active is defined as having sexual intercourse with one or more partners in the past 12 months.

Data from Rhode Island are not comparable with the national data for this objective. The data sources, survey methodology, and survey questions are different. The definitions for being sexually active differ between surveys. In the NSFG, sexually active are those women who have had intercourse in the 3 months prior to interview, and condom use is defined as either using a female condom (vaginal pouch) or their partner used a condom (rubber) at their last intercourse.

(Developmental) Males aged 18 to 49 years.

Rhode Island Data Source Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

National Data Source National Survey of Family Growth (NSFG), CDC, NCHS.

Measure Percent.

Baseline 47 (2002)

Numerator Number of sexually active, unmarried males aged 18 to 49 years who reported using a condom at last sexual intercourse.

Denominator Number of sexually active, unmarried males aged 18 to 49 years in the survey population.

Population Targeted Rhode Island civilian, noninstitutionalized population.

Questions Used To Obtain Rhode Island Data From the 1998-2000 Behavioral Risk Factor Surveillance System:

During the past 12 months, with how many people have you had sexual intercourse?

Number__ __
None
Don't know/Not sure
Refused

Was a condom used the last time you had sexual intercourse?

Yes
No
Don't know/Not sure
Refused

Are you:

Married
Divorced
Widowed
Separated
Never married
A member of an unmarried couple?

Refused

Expected Periodicity

Periodic.

Comments

Sexually active is defined as having sexual intercourse with one or more partners in the past 12 months.

Data from Rhode Island are not comparable with the national data for this objective. The data sources, survey methodology, and survey questions are different. The definitions for being sexually active differ between surveys. In the NSFG, sexually active are those men who have had intercourse in the 3 months prior to the interview, and condom use is defined as either the female partner using a female condom (vaginal pouch) or the male partner using a condom (rubber) at their last intercourse.

Mental Health

6-1. Increase the proportion of adults with recognized depression who receive treatment.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP
National Data Source	National Household Survey on Drug Abuse (NHSDA), SAMHSA.
Measure	Percent.
Baseline	51 (2002).
Numerator	Number of adults aged 18 years and older who report symptoms of depression and that they received help from a mental health professional.
Denominator	Number of adults aged 18 years and older in the survey population who report symptoms of depression.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 2002 Behavioral Risk Factor Surveillance System. Note: In 2002, due to miscommunications questions RI11_1a and RI11_2a were omitted from the set of questions used to obtain a measure of major depressive episode. The complete set of questions will be used on RI's BRFSS in 2005. See comment below for explanation of method used to obtain baseline data from the 2002 BRFSS data. *RI11_1 During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?* *1 Yes* ***{Go to RI11_2}*** *2 No* ***{Go to RI11_1a}*** *3 If volunteered: "I was on medication1antidepressants"* ***{Go to RI11_1a}*** *7 Don't know/Not sure* ***{Go to RI11_1a}*** *9 Refused* ***{Go to Next* RI11_1a*}***

RI11_1a. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

1 Yes ***{Go to RI11_2a}***
2 No ***{Go to RI11_1a}***
4 If volunteered: "I was on medication.antidepressants" ***{Go to RI11_1a}***
7 Don't know/Not sure **{Go to RI11_1a}**
9 Refused **{Go to Next RI11_1a}**

RI11_2.For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst. During that time, did the feeling of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

1 All day long ***(Go to RI11_3)***
2 Most of the day ***(Go to RI11_3)***
3 About half the day ***(Go to RI11_3)***
4 Less than half the day ***(Go to RI11_3)***
7 Don't know/Not sure ***(Go to RI11_3)***
8 *Refused* ***(Go to RI11_3)***

RI11_2a. For the next few questions, please think of the Two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

1 All day long
2 Most of the day
3 About half the day
4 Less than half the day
7 Don't know/Not sure
9 Refused (Go to RI11_3)

RI11_3. During those two weeks, did you feel this way every day, almost every day, or less often?

1 Every day
2 Almost every day
3 Less often
7 Don't know/Not sure
9 Refused

RI11_4. (If RI11_1a = 1 go to RI11_5) During those two weeks, did you lose interest in most things?

1 Yes
2 No
3 Don't know/Not sure
4 Refused

RI11_5 (During those two weeks) Did you feel tired out or low energy all the time?

1 Yes
2 No
7 Don't know/Not sure
9 Refused

RI11_6. (During those two weeks) Did you gain weight, lose weight, or stay about the same?

(Interviewer: If R asks "Are we still talking about the same two weeks?" Answer "Yes.")

1 Gained weight
2 Lost weight
3 Both gained and lost
4 Stayed the same ***{Go to RI11_8}***
5 Was on diet (If volunteered) ***{Go to RI11_8}***
7 Don't Know/Not sure {Go To RI11_8}
9 Refused ***{Go to RI11_8}***

RI11_7. About how much did you (gain/lose?)

777 Don't know/Not sure
999 Refused

RI11_8. (During those two weeks) Did you have more trouble falling asleep than you usually do?

1 Yes
2 No ***{Go to RI11_10}***
7 Don't know/Not sure ***{Go to RI11_10}***
9 Refused ***{Go to RI11_10}***

RI11_9. Did that happen every night, nearly every night, or less often during those two weeks?

1 Every night
2 Nearly every night
3 Less often
7 Don't know/Not sure
9 Refused

RI11_10. (During those two weeks) Did you have more trouble concentrating than usual?

(Interviewer: If R asks "Are we still talking about the same two week?" Answer "yes.")

1 Yes
2 No
7 Don't know/Not sure
9 Refused

RI11_11. At these times, people sometimes feel down on themselves, no good, worthless. (During those two weeks) Did you feel this way?

1 Yes
2 No
7 Don't know/Not sure
9 Refused

RI11_12. (During those two weeks) Did you think a lot about death- - either your own, someone else's or death in general?

(Interviewer: If R asks "Are we still talking about the same two week?" Answer "yes.")

1 Yes
2 No
7 Don't know/Not sure
9 Refused

{IF YES TO RI11_1 GO TO RI11_13, OTHERWISE GO TO NEXT SECTION}

NOW WE HAVE SOME QUESTIONS ABOUT MEDICAL TREATMENTS YOU MAY HAVE HAD AS AN OUTPATIENT OR IN A HOSPITAL.

RI11_13. Have you received treatment for psychological problems or emotional difficulties at a mental health clinic or by a mental health professional on an outpatient basis in the past 12 months?

1 Yes
2 No
7 Don't know/Not sure
9 Refused

RI11_14. During the past 12 months, how many different times have you stayed overnight or longer in a hospital to receive treatment for psychological or emotional difficulties?

__ __ Number of overnight psychiatric stays
88 None
77 Don't know/Not sure
99 Refused

Expected Periodicity

Annual.

Comments

This objective is based on questions used in the 1997 NHSDA, the baseline for the national objective. These questions were included in a state-added module in the 2002 BRFSS and are expected to be measured annually or by the BRFSS.

A depression index, which is constructed based upon the responses to the depression screening questions, will be used to derive an estimate of those persons with recognized depression. The depression index is based upon the same index used to derive the national baseline estimates for this objective.

Questions RI 1_1 and RI 1_1a are critical screening questions determining which respondents will be asked the full set of questions used to determine whether or not respondents experienced Major Depressive Episode during the prior 12 months. A prevalence estimate based only on the first screening question will be an under estimate. Only persons responding positively to RI1_1 and RI1_1a are asked the questions about medical treatment for psychological or emotional problems. Therefore a treatment estimate would also be an underestimate if RI1_1a was not asked. In order to make use of the data that was collected in 2002, we obtained the NHSDA 1997 dataset and determined what proportion of the total prevalence estimate for MDE and for MDE receiving treatment was accounted for by the second screening question. The second screening question accounted for only a small fraction of the total prevalence estimate of MDE in the National Data and for only a small fraction of the treatment estimate in the National Data. We extrapolated from the national data to the RI data to arrive at an estimate of total prevalence for MDE in RI, and at a total prevalence estimate for treatment in RI. Results of this estimation process are reflected in the baseline prevalence estimate and target which appear in reports published in 2004 and later. Information on the methods used in this estimation process for the BRFSS 2002 data are available from the Office of Health Statistics, RI Department of Health.

6.2 Reduce the suicide rate.

RI Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective	6.1 (Mental Health and Mental Disorders) (also 7.2), age adjusted to 2000 standard population.

Measure	Rate per 100,000 (age adjusted).
Baseline	10/100,000 (1999)
Numerator	Number of deaths due to suicide (ICD-9 codes E950-E959).
Denominator	Number of persons.
Population Targeted	RI resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	Suicides may be undercounted because of difficulty in the determination of suicidal intent by coroner or medical examiner. Data are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates.

Injury and Violence

7-1. Reduce deaths caused by motor vehicle crashes.

Rhode Island Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	9 (1996-98).
Numerator	Number of unintentional injury traffic deaths (ICD-9 codes E810.0-E819.9).
Denominator	Number of persons.
Population Targeted	Rhode Island resident population.
Questions Used To Obtain Rhode Island Data	Not applicable.
Expected Periodicity	Annual.
Comments	Data are abstracted from CDC/WONDER data system, and are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates.

7-2. Reduce homicides.

Rhode Island Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	3 (1996-98).
Numerator	Number of deaths due to homicides (ICD-9 codes E960-E969).
Denominator	Number of persons.
Population Targeted	Rhode Island resident population.

Questions Used To Obtain Rhode Island Data	Not applicable.
Expected Periodicity	Annual.
Comments	Data are abstracted from CDC/WONDER data system, and are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates. This measure also differs slightly from the cause of death, homicide and legal intervention (ICD-9 E960-E978), which is shown in other publications.[1, 2]

Environmental Quality

8-1. Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for ozone.

Rhode Island Data Source	Rhode Island Department of Environmental Management(RI DEM); Aerometric Information Retrieval System, EPA, OAR.
National Data Source	Aerometric Information Retrieval System, EPA, OAR.
Measure	Percent.
Baseline	100 (1998).
Numerator	Number of persons living in nonattainment areas that exceed the National Ambient Air Quality Standards (NAAQS) for ozone in 1998.
Denominator	Number of persons residing in Rhode Island.
Population Targeted	Rhode Island resident population.
Questions Used To Obtain Rhode Island Data	Not applicable.
Expected Periodicity	Annual.
Comments	All areas (100 percent) are required by law to come into attainment no later than 2012 for all pollutant criteria except particulate matter 2.5, which will come into attainment by 2017. EPA's air quality monitoring and NAAQS data collection have historically taken place in large urban centers and other appropriate areas generally considered to have the Nation's poorest air quality. Nonattainment areas may include single counties, multiple counties, parts of counties, municipalities, or combinations of the preceding jurisdictions. When an area is designated as "nonattainment," it retains this status for 3 years, regardless of annual changes in air quality. Nonattainment areas may also include jurisdictions in which the source of the pollutants are located, even if that jurisdiction meets all NAAQS. The areas monitored may change over time to reflect changes in air quality or the pollutants being monitored.

The population estimates used for the baseline are based on 1990 census estimates and do not reflect growth or depletion of population since that date. The NAAQS were revised in 1997 by EPA, but the revisions are currently being contested in court; resolution of the court case may affect the population estimates in the baseline.

8-2. Reduce the proportion of non-smokers exposed to environmental tobacco smoke.

Rhode Island Data Source	Rhode Island Health Interview Survey (RI-HIS), Office of Health Statistics, Rhode Island Department of Health.
National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
Measure	Percent
Baseline	39 (2001)
Numerator	Number of households that report that there is no smoking regularly inside the house or apartment, no smoking in any vehicle (for households with children under the age of 18), and that there are rules against smoking in the house or apartment or family vehicle.
Denominator	Number of households in survey population.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 2001 Rhode Island Health Interview Survey:

Do you or does someone else smoke regularly inside your house or apartment?

Yes
No
Don't know/Not sure
Refused

Do you or does someone else smoke regularly inside the vehicle your family uses for transportation?

Yes
No
Don't know/Not sure
Refused

Which statement best describes the rules about smoking inside your home? PLEASE READ:

Smoking is not allowed anywhere inside your home
Smoking is allowed in some places or at some times
Smoking is allowed anywhere inside the home
There are no rules about smoking inside the home

Don't know/Not sure
Refused

Which statement best describes rules about smoking inside your car? PLEASE READ:

Smoking is not allowed anytime
Smoking is allowed anytime
Smoking is not allowed when there are children in the car
There are no rules about smoking inside the car
Nobody smokes who uses the car (volunteered)

Don't know/Not sure
Refused

Expected Periodicity Biennial starting in 2001.

Comments Data are not comparable with national baseline for this objective. National data are from NHANES, a medical examination-based survey, and are based upon cotinine levels in the participant's blood. Rhode Island data are from the RI-HIS and are based upon responses to survey questions. National data are also age-adjusted to the 2000 standard population; Rhode Island data are not.

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8-3. Eliminate elevated blood lead levels in children.

Rhode Island Data Source Childhood Lead Poisoning Prevention Program, Rhode Island Department of Health.

National Data Source National Health and Nutritional Examination Survey (NHANES), CDC, NCHS.

Measure Percent.

Baseline 9 (2000)

Numerator Number of children less than 72 months (under 6 years) with blood lead levels meeting or exceeding 10µg/dL.

Denominator Number of children less than 72 months (under 6 years) screened annually for blood lead levels.

Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	Not applicable.
Expected Periodicity	Annual.
Comments	This objective differs from the national data, which monitors children aged 1 to 5 years. Once a child is tested and has an elevated blood lead level, that child is likely to be re-tested in subsequent years, and may reappear in estimates that span across years for the Lead Screening Data, Childhood Lead Poisoning Prevention Program.

8-4. Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act.

Rhode Island Data Source	Office of Drinking Water Quality, Public Water System Supervision Compliance Data System
Measure	Percent.
Baseline	81 (2002)
Numerator	Number of RI community public water systems with a reported violation during the calendar year, multiplied by 100.
Denominator	Number of RI community public water systems.
Population Targeted	RI population, except those served by private wells.
Questions Used To Obtain Rhode Island Data	Not applicable.
Expected Periodicity	Annual.

8-5. Increase the proportion of persons who live in homes tested for Radon concentrations

Rhode Island Data Source	Home and Public/High Priority Buildings Testing System, Rhode Island Department of Health.
National Data Source	1998 NHIS, CDC, NCHS.
Measure	Percent.
Baseline	5% (2000)
Numerator	Number of residential radon tests in residential properties performed by State certified radon measurement consultants.
Denominator	Number of residential properties in Rhode Island. 2000 US Census Data
Population Targeted	Rhode Island civilian population.
Questions Used To Obtain Rhode Island Data	Not applicable.
Expected Periodicity	Ongoing
Comments	The data are not directly comparable to national data in that the RI radon testing database tracks only radon tests performed by certified measurement consultants and does not include homeowner-performed tests. Therefore the percent of RI homes tested will trail the national percentage. Our goal is to significantly increase the percentage of RI homes in which radon gas levels have been tested by a certified individual.

8-6. Reduce infections caused by key foodborne pathogens.

Rhode Island Data Source	Rhode Island Department of Health Division of Disease Prevention and Control
Measure	Rate per 100,000 population
Baseline	Campylobacter species: 16 (2002) Salmonella species: 19 (2002)

Numerator	Number of laboratory confirmed cases per 100,000 population.
Denominator	Number of persons
Population Targeted	RI population
Questions Used To Obtain Rhode Island Data	Not applicable
Expected Periodicity	Annual

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Immunization

9-1. Increase the proportion of young children and adolescents who receive all vaccines that have been recommended for universal administration for at least 5 years.

Rhode Island Data Source	National Immunization Survey (NIS), CDC, NIP and NCHS.
National Data Source	National Immunization Survey (NIS), CDC, NIP and NCHS.
Measure	Percent
Baseline	81 (2000)
Numerator	Number of children aged 19 to 35 months receiving at least four doses of diphtheria-tetanus-acellular pertussis (DtaP), at least three doses of polio, at least one dose of measles-mumps-rubella (MMR), at least three doses of *Haemophilus influenzae* B (Hib), and at least three doses of hepatitis B antigens.
Denominator	Number of children aged 19 to 35 months.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 2000 National Immunization Survey Household Survey: *How many D-T-P or D-T shots (sometimes called a D-P-T shot, diphtheria-tetanus-pertussis shot, baby shot, three-in-one shot) has (Sample child) ever received?* *How many polio vaccine shots (by mouth, pink drops, or by a polio shot) has (Sample child) ever received?*

How many measles or M-M-R (Measles-Mumps-Rubella) shots has (Sample child) ever received?

How many H-I-B shots (this is for Meningitis and is called Haemophilus Influenzae), H-I-B vaccine, or H flu vaccine has (Sample child) ever received?

How many Hepatitis B shots has (Sample child) ever received?

Other shots received?

From the 2000 National Immunization Survey Provider Record Check:

Specify month, day and year that each immunization was given, either by the office or another provider (OP), as documented in the records.

Expected Periodicity

Annual.

Comments

Any new vaccines that have been universally recommended for at least 5 years will be added to the series over the course of Healthy People 2010.

The National Immunization Survey (NIS) is a continuing nationwide telephone sample survey among children aged 19 to 35 months. Estimates of vaccine-specific coverage are available for the United States, each State, and 28 urban areas considered to be high risk for under-vaccination. NIS uses a two-phase sample design. First, a random-digit-dialing (RDD) sample of telephone numbers is drawn. In 1995, 69 percent of households with age-eligible children completed vaccination interviews, yielding data for 31,997 children.

The interviewer also asks for permission to contact the vaccination provider. In the second phase, all vaccination providers are contacted by mail. Vaccination information from providers' records was obtained for 52 percent of all children who were eligible for provider followup in 1995 and 64 percent in 1996. Providers' responses are combined with information obtained from households to provide a more accurate estimate of vaccination coverage levels. Final estimates are adjusted for noncoverage of nontelephone households.

For further information, visit the National Immunization Survey Web site at http://www.nisabt.org/.

Statistical adjustments are made to minimize bias due to (1) lower coverage among children living in households without telephones, (2) discrepancies between vaccinations reported by household compared with immunization providers, and (3) differences in race/ethnic population distribution in sample compared to race/ethnic population distribution at birth.

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9-2. Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.

Noninstitutionalized adults aged 65 years and older

Influenza vaccine.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
Measure	Percent.
Baseline	74 (1998 and 2000 combined).
Numerator	Number of adults aged 65 years and older who report receiving an influenza vaccination in the past 12 months.
Denominator	Number of adults aged 65 years and older.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 1999 Behavioral Risk Factor Surveillance System: *During the PAST 12 MONTHS, have you had a flu shot?* *Yes* *No* *Don't Know/Not Sure* *Refused*
Expected Periodicity	Annual.
Comments	Rhode Island baseline data are not comparable to the national baseline for this objective. National data are age adjusted to the 2000 standard population.

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Pneumococcal vaccine.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
Measure	Percent.

Baseline	58 (1998 and 2000 combined).
Numerator	Number of adults aged 65 years and older who report ever receiving a pneumococcal vaccination.
Denominator	Number of adults aged 65 years and older in the survey population.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 1999 Behavioral Risk Factor Surveillance System: *Have you EVER had a pneumonia vaccination?* *Yes* *No* *Don't Know/Not Sure* *Refused*
Expected Periodicity	Annual.
Comments	Rhode Island baseline data are not comparable to the national baseline for this objective; national data are age adjusted to the 2000 standard population; Rhode Island data are not.

Access to Health Care

10-1. Increase the proportion of persons with health insurance.

Rhode Island Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
Measure	Percent.
Baseline	91 (1998-2000).
Numerator	Number of persons under age 65 years who report coverage by any type of public or private health insurance.
Denominator	Number of persons aged18-64 years in the survey population.
Population Targeted	Rhode Island civilian, noninstitutionalized population.
Questions Used To Obtain Rhode Island Data	From the 2000 Behavioral Risk Factor Surveillance System:

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

Yes
No
Don't Know/Not Sure
Refused

Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?

Yes
No
Don't Know/Not Sure
Refused

What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

Coverage Code: PLEASE READ
1) Your employer
2) Someone else's employer
3) A plan that you or someone else buys on your own
4) Medicare
5) Medicaid or Medical Assistance
6) The military, CHAMPUS, TriCare, or the VA
7) The Indian Health Service
8) Some other source

None
Don't know/Not sure
Refused

There are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through:
1) Your employer
2) Someone else's employer
3) A plan that you or someone else buys on your own
4) Medicare
5) Medicaid or Medical Assistance [or substitute state program name]
6) The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]
7) The Indian Health Service [or the Alaska Native Health Service]
8) Some other source

None
Don't know/Not sure
Refused

Expected Periodicity

Annual.

Comments

The definition for persons with health insurance coverage based on data from the BRFSS is any person who reports that they are covered by a health plan through insurance from: 1) their employer; 2) someone else's employer; 3) a plan that the respondent or somebody else buys on their own; 4) Medicare; 5) Medicaid or Medical Assistance; 6) the military, CHAMPUS, TriCare or the VA; 7) Indian Health Service; 8) some other source; or they state they have coverage through a health plan but do not know or refuse to identify which type of coverage they have.

Persons who answer that they do not have a health plan, but identify that they have a health plan in the follow up question on the different types of health insurance coverage they could have, are considered to be insured.

Persons who state they do not have a health plan and do not identify any of the types of coverage (options 1-8) listed above are considered uninsured.

Rhode Island baseline data are not comparable to the national baseline for this objective; national data are age adjusted to the 2000 standard population; Rhode Island data are not.

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10-2. Increase the proportion of persons who have a specific source of ongoing care.

RI Data Source RI Behavioral Risk Factor Surveillance System

Measure Percent.

Baseline 84 (2000)

Numerator Number of adults aged 18 years and older who report having a specific source of care

Denominator Number of adults aged 18 years and older

Population Targeted RI civilian non-institutionalized adult population.

Questions Used To Obtain the RI Data

From the 2000 BRFSS

1. Is there one particular clinic, health center, doctor's office, or other place that you usuallygo to if you are sick or need advice about your health?

a. *Yes* GO TO 3
b. More than one place
c. *No* STOP
d. Don't know/Not sure STOP
Refused STOP

2. Is there one of these places that you go to most often when you are sick or need advice about your health?

a. Yes
b. No STOP
c. Don't know/ Not sure STOP
d. Refused STOP

3. What kind of place is it?
Would you say: ***Please Read***
a. A doctor's office or HMO
b. A clinic or health center
c. A hospital outpatient department
d. A hospital emergency room
e. An urgent care center
or
f. Some other kind of place
g. Don't know/ Not sure (DO NOT READ*)*
Refused

A hospital emergency room (d) is not included as a specific source of primary care.

Expected Periodicity Annual.

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10-3. Increase the proportion of pregnant women who receive early and adequate prenatal care.

Rhode Island Data Source	Maternal and Child Health Database, Division of Family Health and Vital Records, Rhode Island Department of Health.
National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Measure	Percent of live births.
Baseline	91 (1997-99).
Numerator	Number of females receiving prenatal care in the first trimester (three months) of pregnancy.
Denominator	Number of live births.
Targeted Population	Rhode Island resident population.
Questions Used To Obtain Rhode Island Data	Not applicable.
Expected Periodicity	Annual.

Comments For more information on this measure, contact the Division of Family Health, Rhode Island Department of Health (401-222-2312).